PAGE 1 / 88

Image# 12950012273

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIW 3X	For Other Than An Aut	horized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Physician Hospitals	of America Political Act	ion Committee	
ADDRESS (number and street)	PO Box 70980		
Check if different than previously reported. (ACC)	Washington		DC 20024 -
2. FEC IDENTIFICATION	NUMBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00394163		S THIS NEW (N) O	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	20 (M2) May 20 (N 20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report July 15 Quarterly Report	(Q1) (c) 12-Day	20 (M4) Jul 20 (M Primary (12P) Convention (12C)	
October 15 Quarterly Report January 31 Year-End Report	(Q3)	M = M / D = D	in the State of
July 31 Mid-Year Report (Non-elec Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Repo	ort Electio	on on	in the State of
5. Covering Period	01 01 2009	through 06	M / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined Type or Print Name of Treasu	this Report and to the best of urer John Richardson	my knowledge and belief it is	true, correct and complete.
Signature of Treasurer	hn Richardson	[Electronically Filed]	Date 01 / 03 / 2011
NOTE: Submission of false, err	oneous, or incomplete information	n may subject the person signir	g this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Physician Hospitals of America Political Action Committee

Report Covering the Period: From: 01 01 2009 To: 06 30 2009

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2009		126821.41
	(b) Cash on Hand at Beginning of Reporting Period	126821.41	
	(c) Total Receipts (from Line 19)	136405.50	136405.50
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	263226.91	263226.91
7.	Total Disbursements (from Line 31)	221400.00	221400.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41826.91	41826.91
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Physician Hospitals of America Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		100105 50
(i) Itemized (use Schedule A)	136105.50	136105.50
(ii) Unitemized	300.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	136405.50	136405.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	136405.50	136405.50
Totals to Line 33, page 5)	130403.30	100400.30
. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
. 7111 Edulio Flodorou	7	
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	7	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	0.00	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	7	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(2) 20111 1 dilect (iloni concedio rio)	7	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	13640
. Total Federal Receipts		
(subtract Line 18(c) from Line 19) ▶	136405.50	136405.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: — (a) Allocated Federal/Non-Federal	Total Tillo I criod	Calendar Tear-10-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	0.00	0.00		
Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party				
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees				
and Other Political Committees	221400.00	221400.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use Schedule F)	7 7	0.00		
Loan Repayments Made	0.00	0.00		
Zour riopaymonic mado				
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	7		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
_	, , , , , , , , , , , , , , , , , , , ,			
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(I) Federal Strate				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely				
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00		
Table Bible and a second of the second of th				
Total Disbursements (add Lines 21(c), 22,	204.422.22			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	221400.00	221400.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	221400.00	221400.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures		
33. Total Contributions (other than loans) (from Line 11(d), page 3)	136405.50	136405.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	136405.50	136405.50
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	_	: PAC	GE 6	OF 88			
(check only one)							
X 11a	11b	11c	12				
13	14	15	16	17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

$\left. \right\rangle$	NAME OF COMMITTEE (In Full) Physician Hospitals of America	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) David Abbott Mailing Address 2402 Burleigh St		Date of Receipt
	City Yankton	State Zip Code SD 57078-1893	03 20 2009 Transaction ID : C614 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Ear Nose & Throat Associates	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Joseph Cladius Allen Mailing Address 333 North Texas Avenue		Date of Receipt
	City Webster	State Zip Code TX 77598	06 24 2009 Transaction ID : C672 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Houston Physicians Hospital	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
 С.	Full Name (Last, First, Middle Initial) Robert Anderson		Date of Receipt
	Mailing Address 705 Sioux Point Road Suite 100 City	State Zip Code	06 23 2009 Transaction ID : C666
	Dakota Dunes	SD 57049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Midlands Clinic	Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)		2250.00

TOTAL This Period (last page this line number only).....

	FOR	LINE	NU	MREK	:	PAGE	/
Use separate schedule(s) for each category of the Detailed Summary Page	(che	ck only	or	ıe)			
	×	11a		11b		11c	12
		13		14		15	16

OF

	Statements may not be sold or used by any person ename and address of any political committee to	
NAME OF COMMITTEE (In Full) Physician Hospitals of America	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Ray Aronowitz		Date of Receipt
Mailing Address 810 North Zang Blvd.		03 19 2009 T
City	State Zip Code	Transaction ID : C689
Dallas	TX 75208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Arlington Orthopedic Assoc.	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) David C. Ayers		Date of Receipt
Mailing Address 11326 West 141st Street		04 28 2009
City	State Zip Code	04 28 2009 Transaction ID : C646
Overland Park	KS 66221-8206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	
Nueterra Holdings, LLC	CEO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) C. Wade Barker		Date of Receipt
Mailing Address 1151 North Buckner Blvd. Suite 308	7. 0.4	03 20 2009
City Dallas	State Zip Code TX 75218	Transaction ID : C615 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Barker Bariatric Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		2750.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

F	FOR LINE NUMBER:				PAGE		8	OF		88	
(check only one)											
	×	11a		11b		11c		12			
		13		14		15		16	;		17

or for commercial purposes, other than using	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) Physician Hospitals of Ameri	ica Political Action Committee	
Full Name (Last, First, Middle Initial) A. Mark Barre		Date of Receipt
Mailing Address 333 North Texas Avenue		06 24 2009
City	State Zip Code	Transaction ID : C673
Webster	TX 77598	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	+
Houston Physicians Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	00.0	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Keith Baumgarten		Date of Receipt
Mailing Address 810 East 23rd Street		06 23 _2009 _
City	State Zip Code	06
Sioux Falls	SD 57105	Amount of Each Receipt this Period
FEC ID number of contributing	57.100	, another of Each Hoodipt this I choo
federal political committee.	C	1500.00
Name of Employer	Occupation	
Orthopaedic Institute	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) C. Scott Becker	'	Date of Receipt
Mailing Address 77 W Wacker Dr Ste 4100		05 26 2009
City	State Zip Code	Transaction ID : C660
Chicago	IL 60601-1683	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer	Occupation	1
McGuire Woods	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (options	ıl)	3100.00
CODITION TO THE OF THE TAYE (Uptions		
TOTAL This Period (last page this line num	nber only)	Lucation

Use separate schedule(s for each category of the Detailed Summary Page

,	FOR LINE	F	PAGE	9	OF	88	
S)	(check only						
	X 11a	11b	11	1c	12		
	13	14	1	5	16		17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Physician Hospitals of America	Political Action Committee	
Full Name (Last, First, Middle Initial) Vivek Bhaktaram MD Mailing Address 4050 West Memorial Road		Date of Receipt
City	State Zip Code	06 08 2009 Transaction ID : C662
Oklahoma City	OK 73120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Oklahoma Heart Hospital Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. James Bonnen		Date of Receipt
Mailing Address 333 North Texas Avenue		06 24 2009
City Webster	State Zip Code TX 77598	Transaction ID : C674 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Houston Physicians Hospital	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Barry Boone		Date of Receipt
Mailing Address 333 North Texas Avenue		06 24 2009
City Webster	State Zip Code TX 77598	Transaction ID : C675 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Houston Physicians Hospital	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		3000.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 10 OF 88

	1 01		IVO	IVIDLI		IAGL		0	00
Use separate schedule(s)	(check only one)								
for each category of the Detailed Summary Page	×	11a		11b		11c		12	
_ camea camman, cago		13		14		15		16	17

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Physician Hospitals of Americ	a Political Action Committee	
Full Name (Last, First, Middle Initial) C. Robert Boone		Date of Receipt
Mailing Address 333 North Texas Avenue		06 24 2009
City Webster	State Zip Code TX 77598	Transaction ID : C676 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Houston Physicians Hospital Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	_
Full Name (Last, First, Middle Initial) Joseph Boudreau Mailing Address 2308 Burleigh		Date of Receipt
City Yankton	State Zip Code SD 57078	Transaction ID : C616 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Yankton Urological Surgery	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Ronald Burke		Date of Receipt
Mailing Address 901 West 7th Street		05 26 2009
City Ft. Worth	State Zip Code TX 76104	Transaction ID : C661 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	-
Cook Children's Hospital Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 250.00	_
SUBTOTAL of Receipts This Page (optional).	>	2250.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

_		_	MBER	:	PAGE	•	11	OF	88
(check only one)									
X	11a [11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per- the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Hospitals of Americ	ca Political Action Committee	
Full Name (Last, First, Middle Initial) S. Jeffrey Cannella Mailing Address, 807 Circle Drive		Date of Receipt
Mailing Address 807 Circle Drive		06 24 2009
City	State Zip Code	Transaction ID : C677
Bellaire	TX 77401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Anesthesiology Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Walter Carlson	·	Date of Receipt
Mailing Address 810 East 23rd Street		06 23 _2009 _
City	State Zip Code	06 23 2009 Transaction ID : C668
Sioux Falls	SD 57105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	5000.00
Name of Employer	Occupation	1
Orthopedic Institute	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) C. Virgilio Chan		Date of Receipt
Mailing Address 8450 Northwest Blvd.		02 17 2009
City Indianapolis	State Zip Code IN 46278	Transaction ID : C608
<u> </u>	40270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Orthopaedics Indianapolis	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	6300.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

88

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Suresh Chandrasekaran Date of Receipt Mailing Address 8121 National Avenue #200 2009 06 23 City Zip Code State Transaction ID: C669 OK Midwest City 73110 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Oklahoma Medical Specialists Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Deepak Chavda Date of Receipt Mailing Address 8251 Bedford - Wuless Road Suite 210 03 2009 20 City State Zip Code Transaction ID: C617 TX N. Richland Hills 76180 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Texas Bone & Joint Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Phillip Daley Date of Receipt Mailing Address 333 North Texas Avenue 2009 06 24 City Zip Code State Transaction ID: C678 TX Webster 77598 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Houston Physicians Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

88

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Jim Davidson Date of Receipt Mailing Address 11221 Roe Avenue Suite 320 04 2009 28 City State Zip Code Transaction ID: C647 KS Leawood 66211 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation EVP, Sales & Marketing Nueterra Holdings, LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jose Deleon Date of Receipt Mailing Address 5939 Harry Hines Blvd. 03 2009 20 City State Zip Code Transaction ID: C618 Dallas TX 75235 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Obstetrics & Gynecology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Timothy M. Dettmer MD Date of Receipt Mailing Address 662 E State St 04 29 2009 City State Zip Code Transaction ID: C654 IA Mason City 50401-4171 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Mason City Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LINE	NUMBER:	PAGE	14 OF	88	
	(check only one)					
	X 11a	11b	11c	12		
I	13	14	15	16	17	

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Hospitals of America	a Political Action Committee	
Full Name (Last, First, Middle Initial) Douglas Dow		Date of Receipt
Mailing Address 333 North Texas Avenue		06 24 _ 2009 _
City	State Zip Code	Transaction ID : C679
Webster	TX 77598	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	1
Houston Physicians Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) James Scott Ellis		Date of Receipt
Mailing Address 2909 South Hampton		M = M / D = D / Y = Y = Y
D-107 City	State Zip Code	03 23 2009
Dallas	TX 75224	Transaction ID : C635 Amount of Each Receipt this Period
		Amount of Lacif neceipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Southwest Dallas Orthopedic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) C. Eduardo Garcia	1	Date of Receipt
Mailing Address 333 North Texas Avenue		06 24 2009
City	State Zip Code	Transaction ID : C680
Webster	TX 77598	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Houston Physicians Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		4000.00
TOTAL This Period (last page this line numbe	<u> </u>	

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 11c

88

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Thomas Garrison Date of Receipt Mailing Address 333 North Texas Avenue 24 2009 06 City State Zip Code Transaction ID: C681 TX Webster 77598 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Houston Physicians Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Michael Gillett Date of Receipt Mailing Address 1200 S Euclid Ave Ste 212 01 2009 12 City State Zip Code Transaction ID: C601 SD Sioux Falls 57105-0433 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **Urology Specialists** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Gray Date of Receipt Mailing Address 901 West 7th Street 2009 05 12 City State Zip Code Transaction ID: C657 TX Ft. Worth 76104 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 С federal political committee. Name of Employer Occupation Cook Children's Physician Network Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

88

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Raymond Grundmeyer Date of Receipt Mailing Address 3333 North Webb Road 2009 01 26 City State Zip Code Transaction ID: C603 KS Wichita 67226 Amount of Each Receipt this Period FEC ID number of contributing 955.50 federal political committee. Name of Employer Occupation Kansas Spine Hospital Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 955.50 Other (specify) Full Name (Last, First, Middle Initial) B. Tammy Duckworth Ham Date of Receipt Mailing Address 11221 Roe Avenue Suite 320 04 2009 28 City State Zip Code Transaction ID: C648 KS Leawood 66211 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Nueterra Holdings, LLC Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. John R. Harvey MD Date of Receipt Mailing Address 4050 West Memorial Road 2009 03 18 City Zip Code State Transaction ID: C613 OK Oklahoma City 73120 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Oklahoma Heart Hospital/Okla Cardiovas Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 2455.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

17 OF 88 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) John R. Harvey MD Date of Receipt Mailing Address 4050 West Memorial Road 04 80 2009 City Zip Code State Transaction ID: C643 OK Oklahoma City 73120 Amount of Each Receipt this Period FEC ID number of contributing 4000.00 federal political committee. Name of Employer Occupation Oklahoma Heart Hospital/Okla Cardiovas Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Henderson Date of Receipt Mailing Address 9032 Harry Hines Blvd. 01 2009 20 City State Zip Code Transaction ID: C602 Dallas TX 75235 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Pine Creek Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paula Hicks Date of Receipt Mailing Address 2300 Burleigh Street 2009 03 20 City State Zip Code Transaction ID: C619 SD Yankton 57078 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Wilcockson Eye Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 6000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 18 OF 88 Use separate so for each categor Detailed Summa

chedule(s)	(check only one)				
ry of the arv Page	X 11a	11b	11c	12	
	13	14	15	16	17

Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any personal and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Hospitals of America	Political Action Committee	
Full Name (Last, First, Middle Initial) Darlys Hofer Mailing Address 1200 South Euclid Avenue		Date of Receipt
#212		06 23 2009
City	State Zip Code	Transaction ID : C670
Sioux Falls	SD 57105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	
Urology Specialists	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) 3. Brian Ipsen		Date of Receipt
Mailing Address 1111 McIntosh Circle Drive		02 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C607
Joplin	MO 64804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	
Ortho4States	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Daniel Johnson		Date of Receipt
Mailing Address 136 Heritage Drive		03 20 2009
City	State Zip Code	Transaction ID : C620
Yankton	SD 57078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Yankton Bone and Joint	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		8000.00
TOTAL This Period (last page this line number	only)	

Use sep for each Detailed

	FOR LINE	NUMBER:	PAGE	19 OF	88
parate schedule(s)	(check only	one)			
h category of the d Summary Page	X 11a	11b	11c	12	
a cannary rago	13	14	15	16	17

Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full) Physician Hospitals of America	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Donald Knudson Mailing Address 6110 South Minnesota Avenue		Date of Receipt
City	State Zin Code	06 08 2009 T
Sioux Falls	State Zip Code SD 57108	Transaction ID : C663 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Sioux Falls Surgical Hospital Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) 3. Jerome Peter Mathias MD		Date of Receipt
Mailing Address 8121 National Ave. Ste. 200 City Oklahoma City	State Zip Code OK 73110-7570	06 08 2009 Transaction ID: C664 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Oklahoma Heart Hospital	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Denise Mayhew		Date of Receipt
Mailing Address 11221 Roe Avenue Suite 320 City	State Zip Code	04 28 2009 Transaction ID : C649
Leawood	KS 66211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Nueterra Holdings, LLC	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		6500.00
TOTAL This Period (last page this line number of	<u>_</u>	

FOR LINE NUMBER: PAGE 20 OF 88 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Anthony Melillo Date of Receipt Mailing Address 1051 Pineloch Drive Suite 100 24 2009 06 City State Zip Code Transaction ID: C682 TX Houston 77059 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Bay Orthopaedics & Sports Med. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Milani Date of Receipt Mailing Address 1341 Mockingbird Lane 03 20 2009 City State Zip Code Transaction ID: C621 Dallas TX 75247 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation John Milani Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Miller Date of Receipt Mailing Address 902 Hillcrest Grand Avenue 20 2009 03 City Zip Code State Transaction ID: C622 SD Yankton 57078 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Yankton Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER: PAGE 2	1 OF 88
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a	12
,,	13 14 15	16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Mark Miller Date of Receipt Mailing Address 333 North Texas Avenue 24 2009 06 City State Zip Code Transaction ID: C683 TX Webster 77598 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Houston Physicians Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Douglas Neilson Date of Receipt Mailing Address 900 Karen Drive 03 20 2009 City State Zip Code Transaction ID: C623 SD 57078 Yankton Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Yankton Bone & Joint Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel O'Neill Date of Receipt Mailing Address 333 North Texas Avenue 2009 06 24 Zip Code City State Transaction ID: C684 TX Webster 77598 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Physician Houston Physicians Hospital

SUBTOTAL of Receipts This Page (optional)		7		Ξ	7	30	00.0	00	
TOTAL This Period (last page this line number only)		,			7		-	Ξ]

1000.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 22 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

88

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Marcia Oliveira Date of Receipt Mailing Address 5959 Harry Hines Blvd. Suite 1030 03 2009 23 City State Zip Code Transaction ID: C636 TX Dallas 75235 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Wanderley Oliveira Date of Receipt Mailing Address 5959 Harry Hines Blvd. **Suite 1030** 03 2009 23 City State Zip Code Transaction ID: C637 Dallas TX 75235 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donald Ozumba Date of Receipt Mailing Address 3523 McKenney Avenue 20 2009 03 #354 City State Zip Code Transaction ID: C624 TX **Dallas** 75204 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

88

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Eric J. Potthoff MD Date of Receipt Mailing Address PO Box 1815 250 South Crescent 04 2009 29 City State Zip Code Transaction ID: C655 Mason City IΑ 50402-1815 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Mason City Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bruce Prager Date of Receipt Mailing Address 515 West Mayfield Road #210 03 2009 20 City State Zip Code Transaction ID: C625 TX Arlington 76014 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Orthopedic Center of Arlington Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Corazon Ramirez Date of Receipt Mailing Address 9080 Harry Hines Blvd. 20 2009 03 Suite 110 City State Zip Code Transaction ID: C626 TX **Dallas** 75235 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation CMR Management LP Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2700.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 24 OF 88

Use separate schedule(s)	(check only one)							
for each category of the Detailed Summary Page	X 11a 11b	11c	12					
	13 14	15	16	17				

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Physician Hospitals of America	a Political Action Committee	
Full Name (Last, First, Middle Initial) Manuel Ramirez Mailing Address 9080 Harry Hines Blvd. Suite 110		Date of Receipt 03 20 2009
City Dallas	State Zip Code TX 75235	Transaction ID : C627 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer CMR Management LP Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 2700.00	
Full Name (Last, First, Middle Initial) Ralph Reeder Mailing Address 575 Sioux Point Road		Date of Receipt
City Dakota Dunes	State Zip Code SD 57049	Transaction ID : C671 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer CNOS Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Michael Rimlawi Mailing Address 221 West Colorado Blvd. Pa		Date of Receipt 03 12 2009
City Dallas	State Zip Code TX 75208	Transaction ID : C690 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Advanced Spine and Scoliosis Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	····	3000.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

88

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) John Robbins Date of Receipt Mailing Address 1200 S Euclid #212 04 07 2009 City State Zip Code Transaction ID: C642 SD Sioux Falls 57105 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation **Urology Specialists** Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew Rockett Date of Receipt Mailing Address 333 North Texas Avenue 06 2009 24 City State Zip Code Transaction ID: C685 TX Webster 77598 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Houston Physicians Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Saale Date of Receipt Mailing Address 11221 Roe Avenue 04 28 2009 Suite 320 City State Zip Code Transaction ID: C650 KS Leawood 66211 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Executive VP & CFO Nueterra Holdings, LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 4000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 26 OF
Use separate schedule(s)	(check only one)	
for each category of the	X 11a]11c
Detailed Summary Page		15 16

Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Hospitals of America	Political Action Committee	
Full Name (Last, First, Middle Initial) David Sappenfield		Date of Receipt
Mailing Address 4102 North Roxbord Street		05 04 2009 T
City	State Zip Code	Transaction ID : C656
Durham	NC 27704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
North Carolina Specialty Hosp. Receipt For:	Physician	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Robert Sauers		Date of Receipt
Mailing Address 2310 Highland Avenue		02 26 _2009 _
City	State Zip Code	Transaction ID : C612
Bethlehem	PA 18020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	
Surg Specialty Ctr Coord Hlth. Receipt For:	CEO	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 11221 Roe Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 320 City	State Zip Code	Transaction ID : C651
Leawood	KS 66211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Nueterra Holdings, LLC	CEO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		6000.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) X 11a 11b 11c

27 OF

88

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Ann Schellpfeffer Date of Receipt Mailing Address 26912 Baker Park Place 2009 City Zip Code State Transaction ID: C659 SD Sioux Falls 57105 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation N/A Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donald Schellpfeffer Date of Receipt Mailing Address 1100 East 26th Street 2009 05 13 City State Zip Code Transaction ID: C658 SD Sioux Falls 57105 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation Anesthesiology Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Hooman Sedighi MD Date of Receipt Mailing Address 13213 Glad Acres Dr 03 23 2009 City Zip Code State Transaction ID: C638 TX Farmer's Ranch 75234-5202 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Physician/CEO Global Rehab Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 11000.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 28 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

88

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Edward L. Seljeskog Date of Receipt Mailing Address 4141 Fifth Street 2009 02 City State Zip Code Transaction ID: C609 SD Rapid City 57701 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation The Spine Center Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Shalev Date of Receipt Mailing Address 5744 Lyndon B. Johnson Freeway 03 20 2009 City State Zip Code Transaction ID: C628 Dallas TX 75240 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Southwestern Pain Institute Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Scott Shindler Date of Receipt Mailing Address 115 Broadway 20 2009 03 Suite 2 City State Zip Code Transaction ID: C629 SD Yankton 57078 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Shindler Foot Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

29 OF 88 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Kevin Standefer Date of Receipt Mailing Address 11221 Roe Avenue Suite 320 04 2009 28 City State Zip Code Transaction ID: C652 KS Leawood 66211 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Senior Vice President Nueterra Holdings, LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Don Swift Date of Receipt Mailing Address 142 Katherine Way 03 2009 20 City State Zip Code Transaction ID: C630 SD 57078 Yankton Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Yankton Bone and Joint Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Tasset Date of Receipt Mailing Address 11221 Roe Avenue 04 28 2009 Suite 320 City State Zip Code Transaction ID: C653 KS Leawood 66211 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Chairman, Board of Directors Nueterra Holdings, LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 30 OF Use separate schedule(for each category of the Detailed Summary Page

e(s)		ck only	ivideni ie)	•	FAGE	 50	OF	00
ie ie	X	11a	11b		11c	12		
, -		13	14		15	16		17

	d Statements may not be sold or used by any per the name and address of any political committee to			
NAME OF COMMITTEE (In Full) Physician Hospitals of Americ	ca Political Action Committee			
Full Name (Last, First, Middle Initial) Stephen Timon	Stephen Timon			
Mailing Address 400 West LBJ Freeway		M = M / D = D / Y = Y = Y		
Suite 330	State Zip Code	03 20 2009 Transaction ID : C631		
Irving	TX 75063	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer	Occupation	_		
North Texas Spinal Institute	Physician			
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify) ▼	1150.00			
Full Name (Last, First, Middle Initial) 3. Joseph Toothaker Alvarez		Date of Receipt		
Mailing Address 333 North Texas Avenue		06 24 2009		
City	State Zip Code	Transaction ID : C686		
Webster	TX 77598	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer	Occupation	†		
Houston Physicians Hospital	Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	1000.00			
Full Name (Last, First, Middle Initial) C. Kynan Trail		Date of Receipt		
Mailing Address 105 Calumet Drive		03 20 2009		
City	State Zip Code	Transaction ID : C632		
Yankton	SD 57078	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer	Occupation	+		
Yankton Surgical Associates	Physician			
Receipt For:	Aggregate Year-to-Date ▼	7		
Primary General				
Other (specify) ▼	1000.00			
SUBTOTAL of Receipts This Page (optional)	·····	3000.00		
TOTAL This Period (last page this line numb	per only)			

S IT

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 OF 88 (check only one) X 11a				
any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee						

Full Name (Last, First, Middle Initial) Marvin Van Hal		Date of Receipt
Mailing Address 1305 Airport Freeway Suite 121	03 23 2009	
City	State Zip Code	Transaction ID : C639
Bedford	TX 76021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Orthopedic Surgery	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) David Vanderweide		Date of Receipt
Mailing Address 333 North Texas Avenue		06 24 2009
City	State Zip Code	Transaction ID : C687
Webster	TX 77598	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Houston Physicians Hospital	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 612 North Sioux Point Roa	ad	M = M / D = D / Y = Y = Y
City	State Zip Code	04 22 2009
Dakota Dunes	SD 57049	Transaction ID : C645 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
General Surgery & Diagnostics	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
		3000.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER (check only one)

FOR LIN	e numbef	R: PAG	GE 32 OF	- 88				
(check only one)								
X 11a	11b	11c	12					
13	14	15	16	17				

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Physician Hospitals of America	Political Action Committee	
Full Name (Last, First, Middle Initial) Eric Wieser Mailing Address 800 Orthopedic Way City Arlington FEC ID number of contributing federal political committee.	State Zip Code TX 76015	Date of Receipt 03 20 2009 Transaction ID: C633 Amount of Each Receipt this Period 1000.00
Name of Employer Arlington Orthopedic Associate Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1150.00	
Full Name (Last, First, Middle Initial) Matthew Witte Mailing Address 1200 South Euclid Avenue #212 City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Urology Specialists Receipt For: Primary Other (specify) General Other (specify)	State Zip Code SD 57105 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 06 12 2009 Transaction ID : C665 Amount of Each Receipt this Period 1500.00
Full Name (Last, First, Middle Initial) Berto Zamora Mailing Address 5959 Harry Hines Blvd. Suite 904 City Dallas FEC ID number of contributing federal political committee. Name of Employer Z & Z Medical Associates Receipt For: Primary General Other (specify)	State Zip Code TX 75235 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 03 20 2009 Transaction ID: C634 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)	>	3500.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 33 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

88

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Oklahoma Heart Hospital Date of Receipt Mailing Address 4050 W Memorial Rd 19 2009 City State Zip Code Transaction ID: C610 OK 73120-8382 Oklahoma City Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sullivan, Ashworth & Johnston Date of Receipt Mailing Address 4050 West Memorial 02 2009 19 City State Zip Code Transaction ID: C1225 OK Oklahoma City 73120 Amount of Each Receipt this Period FEC ID number of contributing 1660.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General See Refund Mid Year 2011 1660.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lafayette Surgical Specialty Hospital, LLC Date of Receipt Mailing Address 1101 Kaliste Saloom Road 04 13 2009 City State Zip Code Transaction ID: C644 ΙA Lafayette 70508 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) 10000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 34 OF 88 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Thomas V. Bertuccini MD, FACS. Date of Receipt Mailing Address 216 Kings Rd 04 2009 City State Zip Code Transaction ID: C1220 Lafayette LA 70503-3620 Amount of Each Receipt this Period FEC ID number of contributing 214.00 federal political committee. Name of Employer Occupation Physician/Medical Director Lafayette Surgical Specialty Hospital Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 214.00 Other (specify) Full Name (Last, First, Middle Initial) B. Louis C. Blanda Date of Receipt Mailing Address 1103 Kaliste Saloom Road Suite 100 2009 04 13 City State Zip Code Transaction ID: C1218 LA Lafayette 70508 Amount of Each Receipt this Period FEC ID number of contributing 429.00 federal political committee. Name of Employer Occupation Lafayette Surgical Hospital Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 429.00 Other (specify) Full Name (Last, First, Middle Initial) c. John E. Cobb Date of Receipt Mailing Address 1103 Kaliste Saloom Road 04 13 2009 Suite 100 City State Zip Code Transaction ID: C1217 LA Lafayette 70508 Amount of Each Receipt this Period FEC ID number of contributing 697.00 С federal political committee. Name of Employer Occupation Lafayette Surgical Hospital Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 697.00 Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE	35 OF	88
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16	717

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Luiz C. DeAraujo Date of Receipt Mailing Address 1101 Kaliste Saloom Road 04 2009 13 City State Zip Code Transaction ID: C1221 Lafayette LA 70508 Amount of Each Receipt this Period FEC ID number of contributing 214.00 federal political committee. Name of Employer Occupation Lafayette Surgical Hospital Physician Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 214.00 Other (specify) Full Name (Last, First, Middle Initial) B. James S. Garcelon Date of Receipt Mailing Address 1101 Kaliste Saloom Road 2009 04 13 City State Zip Code Transaction ID: C1222 LA Lafayette 70508 Amount of Each Receipt this Period FEC ID number of contributing 214.00 federal political committee. Name of Employer Occupation Lafayette Surgical Hospital Physician Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 214.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph T. Gillespie Date of Receipt

Mailing Address 1101 Kaliste Saloom Road 2009 04 13 City Zip Code State Transaction ID: C1223 Lafayette LA 70508 Amount of Each Receipt this Period FEC ID number of contributing 214.00 С federal political committee. Name of Employer Occupation Physician Lafayette Surgical Hospital Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary

· · · · · · · · · · · · · · · · · · ·	_	_	_	-	_	-	-	-	-	=
SUBTOTAL of Receipts This Page (optional)	L		7			7			0.0	O
TOTAL This Period (last page this line number only)		_	7	_	_	7	_	_	ж.	

214.00

General

Other (specify)

	FOF	R LINE	NU	MBER	:	PAGE	3	36 O	F	88
Use separate schedule(s)	(che	ck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any per- le name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Hospitals of America	a Political Action Committee	
Full Name (Last, First, Middle Initial) David S. Muldowny		Date of Receipt
Mailing Address 1103 Kaliste Saloom Road		04 13 2009
City	State Zip Code	Transaction ID : C1219
Lafayette	LA 70508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	322.00
Name of Employer	Occupation	+
Lafayette Surgical Hospital	Orthopedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	Aggregate Teal-to-Date ▼	*
Full Name (Last, First, Middle Initial) Steven K. Staires		Date of Receipt
Mailing Address 1101 Kaliste Saloom Road		04 13 2009
City	State Zip Code	Transaction ID : C1224
Lafayette	LA 70508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	214.00
Name of Employer	Occupation	1
Lafayette Surgical Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	214.00	*
Full Name (Last, First, Middle Initial) Physician Synergy Group		Date of Receipt
Mailing Address 9080 Harry Hines Blvd. Suite 110		01 26 2009
City	State Zip Code	Transaction ID : C604
Dallas	TX 75235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	-
Receipt For: Primary General	Aggregate Year-to-Date ▼	PARTNERSHIPpartners below if itemized
Other (specify) ▼	5000.00	
SUBTOTAL of Receipts This Page (optional)		5000.00
OTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 37 OF 88 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Don Buford Date of Receipt Mailing Address 9080 Harry Hines Blvd Ste 110 2009 26 City State Zip Code Transaction ID: C5692957 TX Dallas 75235-1700 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Physician Synergy Group Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. George Cravens Date of Receipt Mailing Address 9080 Harry Hines Blvd 01 2009 Ste 110 26 City State Zip Code Transaction ID: C5692954 TX **Dallas** 75235-1700 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Physician Synergy Group Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Robert Henderson Date of Receipt Mailing Address 9032 Harry Hines Blvd. 01 26 2009 City Zip Code State Transaction ID: C5692953 TX **Dallas** 75235 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Pine Creek Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 1250.00 Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 38 OF 88 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) John Milani Date of Receipt Mailing Address 1341 Mockingbird Lane 2009 26 City State Zip Code Transaction ID: C5692952 TX Dallas 75247 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation John Milani Clinic Physician Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Corazon Ramirez Date of Receipt Mailing Address 9080 Harry Hines Blvd. Suite 110 01 2009 26 City State Zip Code Transaction ID: C5692961 TX **Dallas** 75235 Amount of Each Receipt this Period FEC ID number of contributing 1700.00 federal political committee. Name of Employer Occupation CMR Management LP Physician Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 2700.00 Other (specify) Full Name (Last, First, Middle Initial) c. Manuel Ramirez Date of Receipt Mailing Address 9080 Harry Hines Blvd. 2009 01 26 Suite 110 City State Zip Code Transaction ID: C5692962 TX **Dallas** 75235 Amount of Each Receipt this Period FEC ID number of contributing 1700.00 С federal political committee. Name of Employer Occupation CMR Management LP Physician Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 2700.00 Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	IMBER	:	PAGE	: :	39 OF	- 8	38
Use separate schedule(s)	(che	ck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Physician Hospitals of America	a Political Action Committee	
Full Name (Last, First, Middle Initial) Stephen Timon		Date of Receipt
Mailing Address 400 West LBJ Freeway		M = M / D = D / Y = Y = Y
Suite 330		01 26 2009
City	State Zip Code	Transaction ID : C5692956
Irving	TX 75063	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
North Texas Spinal Institute	Physician	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General	riggiogato roal to Date (*
Other (specify) ▼	1150.00	
Full Name (Last, First, Middle Initial) 3. Eric Wieser		Date of Receipt
Mailing Address 800 Orthopedic Way		M M / D D / Y Y Y Y
O't-	01-1- 7- 0-1-	01 26 2009
City	State Zip Code TX 76015	Transaction ID : C5692955
Arlington	TX 76015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Arlington Orthopedic Associate	Physician	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General	33 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	*
Other (specify) ▼	1150.00	
Full Name (Last, First, Middle Initial) C. McAllen Anesthesia Consultants		Date of Receipt
Mailing Address P.O. Box 3449		02 10 2009
City	State Zip Code	Transaction ID : C605
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	DARTNERSHIP, partners halow if itemized
Other (specify) ▼	5000.00	PARTNERSHIPpartners below if itemized
SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 40 OF 88 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Lawrence Gelman Date of Receipt Mailing Address 5415 South McColl Road 2009 02 10 City State Zip Code Transaction ID: C982 TX Hidalgo 78539 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** The Cirrus Group Date of Receipt Mailing Address 9301 N. Central Expressway Suite 300 02 2009 19 City State Zip Code Transaction ID: C611 TX **Dallas** 75231 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 1500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jason Kirk Dodd Date of Receipt Mailing Address 9301 North Central Expressway 02 19 2009 Suite 300 City State Zip Code Transaction ID: C984 TX **Dallas** 75231 Amount of Each Receipt this Period FEC ID number of contributing 750.00 С federal political committee. Name of Employer Occupation President The Cirrus Group Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 750.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOR LINE NUMBER: PAGE 41 C	F
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c 12	
,	13 14 15 16	

88

	Statements may not be sold or used by any per the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Physician Hospitals of Americ	a Political Action Committee	
Full Name (Last, First, Middle Initial) William Lette Hutchinson Jr. Mailing Address 9301 North Central Express Suite 300 City Dallas FEC ID number of contributing federal political committee. Name of Employer The Cirrus Group Receipt For: Primary General	State Zip Code TX 75231 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼	Date of Receipt 02 19 2009 Transaction ID: C983 Amount of Each Receipt this Period 750.00 [MEMO ITEM]
Full Name (Last, First, Middle Initial) Orthopaedic and Spine Ambulator Mailing Address 1855 Powder Mill Road	, , ,	Date of Receipt 03 23 2009
City York FEC ID number of contributing federal political committee. Name of Employer	State Zip Code PA 17402 C Occupation	Transaction ID : C640 Amount of Each Receipt this Period 5000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial) Brian L. Bixler Mailing Address 1855 Power Mill Road City York FEC ID number of contributing federal political committee. Name of Employer OSS Ambulatory Surgery Ctr LLP Receipt For: Primary General Other (specify)	State Zip Code PA 17402 C Occupation Physician/Partner Aggregate Year-to-Date ▼ 528.00	Date of Receipt 03 23 2009 Transaction ID : C739 Amount of Each Receipt this Period 278.00 [MEMO ITEM]
SURTOTAL of Receipts This Page (optional)		5000.00
TOTAL This Period (last page this line number	<u>-</u>	

	FOF	R LINE	NU	IMBER	:	PAGE	 42 OI	F	88
Use separate schedule(s)	(che	ck only	or or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16		117

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) Physician Hospitals of Americ	ca Political Action Committee	
Full Name (Last, First, Middle Initial) A. David L. Cohen		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 _ 2009 _
City York	State Zip Code PA 17402	Transaction ID : C740 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	278.00
Name of Employer OSS Ambulatory Surgery Ctr LLP Receipt For: □ Primary □ General Other (specify) ▼	Occupation Physician/Partner Aggregate Year-to-Date ▼ 528.00	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Gracia Etienne Mailing Address 1855 Power Mill Road		Date of Receipt
City York	State Zip Code PA 17402	Transaction ID : C741
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 278.00
Name of Employer OSS Ambulatory Surgery Ctr LLP Receipt For:	Occupation Physician/Partner	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 528.00	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Michael Furman		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City York	State Zip Code PA 17402	Transaction ID : C742 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	278.00
Name of Employer	Occupation Physician (Portner	
OSS Ambulatory Surgery Ctr LLP Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Physician/Partner Aggregate Year-to-Date ▼ 528.00	[MEMO ITEM]
SUBTOTAL of Receipts This Page (ontional)		0.00
TOTAL This Period (last page this line numb		

		PAGE 43 OF 88
Use separate schedule(s) for each category of the	(check only one)	. 🗆
Detailed Summary Page	X 11a 11b 11	1c 12

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) Physician Hospitals of Americ	ca Political Action Committee	
Full Name (Last, First, Middle Initial) James J. Gilhool		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City York	State Zip Code PA 17402	Transaction ID : C743 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	278.00
Name of Employer OSS Ambulatory Surgery Ctr LLP Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 528.00	[MEMO ITEM] *
Full Name (Last, First, Middle Initial) Steven Groff Mailing Address 1855 Power Mill Road		Date of Receipt
City	State Zip Code	03 23 2009 Transaction ID : C744
York FEC ID number of contributing federal political committee.	PA 17402	Amount of Each Receipt this Period 278.00
Name of Employer OSS Ambulatory Surgery Ctr LLP Receipt For:	Occupation Physician/Partner Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	528.00	*
Full Name (Last, First, Middle Initial) Dennis Grolman	_	Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City York	State Zip Code PA 17402	Transaction ID : C745 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	278.00
Name of Employer	Occupation Physician/Partner	
OSS Ambulatory Surgery Ctr LLP Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Physician/Partner Aggregate Year-to-Date ▼ 528.00	[MEMO ITEM] *
SUBTOTAL of Receipts This Page (optional)) >	0.00
TOTAL This Period (last page this line numb	ner only)	

	FOR I	LINE NU	JMBER	:	PAGE	-	44 OF	= 8	88
Use separate schedule(s)	(check	c only o	ne)						
for each category of the Detailed Summary Page	X 1	I1a	11b		11c		12		
,,	. 🗆 1	13	14		15		16	—	17

Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Hospitals of America	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Douglas Hofmann		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009 -
City	State Zip Code	Transaction ID : C746
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	278.00
Name of Employer	Occupation	
OSS Ambulatory Surgery Ctr LLP	Physician/Partner	
Receipt For: Primary General	Aggregate Year-to-Date ▼	[MEMO ITEM] *
Other (specify) ▼	528.00	
Full Name (Last, First, Middle Initial) Michael A. Klein		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 _2009 _
City	State Zip Code	Transaction ID : C747
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	278.00
Name of Employer	Occupation	
OSS Ambulatory Surgery Ctr LLP	Physician/Partner	
Receipt For: Primary General	Aggregate Year-to-Date ▼	[MEMO ITEM]
Other (specify) ▼	528.00	*
Full Name (Last, First, Middle Initial) C. Michael Mitrick		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code	Transaction ID : C748
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	278.00
Name of Employer	Occupation	
OSS Ambulatory Surgery Ctr LLP	Physician/Partner	
Receipt For: Primary General	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	528.00	-
SUBTOTAL of Receipts This Page (optional)		0.00
TOTAL This Period (last page this line number	only)	

	FOR LIN	NE NU	JMBER	:	PAGE	- 4	15 OF	
Use separate schedule(s)	(check of	only or	ne)					
for each category of the Detailed Summary Page	X 11a	ı	11b		11c		12	
Detailed Guillinary 1 age	13		14		15		16	Γ

ny information copied from such Reports a r for commercial purposes, other than usin	and Statements may not be sold or used by any pe g the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Hospitals of Amer	rica Political Action Committee	
Full Name (Last, First, Middle Initial) Michael Moritz		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code	Transaction ID : C749
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	278.00
Name of Employer	Occupation	\dashv
OSS Ambulatory Surgery Ctr LLP	Physician/Partner	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	528.00	*
Full Name (Last, First, Middle Initial) K. Nicholas Pandelidis		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code	Transaction ID : C750
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	278.00
Name of Employer	Occupation	
OSS Ambulatory Surgery Ctr LLP	Physician/Partner	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	528.00	*
Full Name (Last, First, Middle Initial) Lawrence Pollack	1	Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code	Transaction ID : C751
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	278.00
Name of Employer	Occupation	_
OSS Ambulatory Surgery Ctr LLP	Physician/Partner	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	528.00	*
SUBTOTAL of Receipts This Page (optional	al) >	0.00
, (eb	· · · · · · · · · · · · · · · · · · ·	
TOTAL This Period (last page this line nun	nber only)	

FOR LINE NUMBER: PAGE 46 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

88

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Chad M. Rutter Date of Receipt Mailing Address 1750 5th Avenue Suite #201 03 2009 23 City State Zip Code Transaction ID: C752 PΑ York 17402 Amount of Each Receipt this Period FEC ID number of contributing 278.00 federal political committee. Name of Employer Occupation Physician/Partner OSS Ambulatory Surgery Ctr LLP Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 528.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael J. Sicuranza Date of Receipt Mailing Address 1855 Power Mill Road 03 2009 23 City State Zip Code Transaction ID: C753 PA York 17402 Amount of Each Receipt this Period FEC ID number of contributing 277.00 federal political committee. Name of Employer Occupation OSS Ambulatory Surgery Ctr LLP Physician/Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 527.00 Other (specify) Full Name (Last, First, Middle Initial) c. Suzette J. Song Date of Receipt Mailing Address 1855 Power Mill Road 03 23 2009 City State Zip Code Transaction ID: C754 PΑ York 17402 Amount of Each Receipt this Period FEC ID number of contributing 277.00 С federal political committee. Name of Employer Occupation Physician/Partner OSS Ambulatory Surgery Ctr LLP Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 527.00 Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 47 OF 88 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Steven J. Triantafyllou Date of Receipt Mailing Address 1855 Power Mill Road 2009 03 23 City State Zip Code Transaction ID: C755 PΑ York 17402 Amount of Each Receipt this Period FEC ID number of contributing 277.00 federal political committee. Name of Employer Occupation OSS Ambulatory Surgery Ctr LLP Physician/Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 527.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter J. VanGiesen Date of Receipt Mailing Address 1855 Power Mill Road 03 2009 23 City State Zip Code Transaction ID: C756 PA York 17402 Amount of Each Receipt this Period FEC ID number of contributing 277.00 federal political committee. Name of Employer Occupation OSS Ambulatory Surgery Ctr LLP Physician/Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 527.00 Other (specify) Full Name (Last, First, Middle Initial) c. Orthopaedic and Spine Realty Company, LP Date of Receipt Mailing Address 1855 Powder Mill Road 2009 03 23 City State Zip Code Transaction ID: C641 PΑ York 17402 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOF	LINE	NU	MBER	:	PAGE	-	48 OF	=	88
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
_ common common, cage		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persue name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Hospitals of America	a Political Action Committee	
Full Name (Last, First, Middle Initial) A. Brian L. Bixler		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code	Transaction ID : C757
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
OSS Ambulatory Surgery Ctr LLP	Physician/Partner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 528.00	[MEMO ITEM] *
Full Name (Last, First, Middle Initial) 3. Vincent Butera		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code	Transaction ID : C758
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer OSS Realty Company, LP	Occupation Partner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	[MEMO ITEM] *
Full Name (Last, First, Middle Initial) C. David L. Cohen		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code	Transaction ID : C759
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
OSS Ambulatory Surgery Ctr LLP	Physician/Partner	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	528.00	*
SUBTOTAL of Receipts This Page (optional)	>	0.00
TOTAL This Period (last page this line number	r only)	

	FOF	R LINE	NU	IMBER	:	PAGE	- 4	49 OF	=	88
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

ny information copied from such Reports a r for commercial purposes, other than using	and Statements may not be sold or used by any pe g the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Hospitals of Amer	ica Political Action Committee	
Full Name (Last, First, Middle Initial) Gracia Etienne		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code	Transaction ID : C760
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	\dashv
OSS Ambulatory Surgery Ctr LLP	Physician/Partner	
Receipt For:		[MEMO ITEM]
Primary General	Aggregate Year-to-Date ▼	[MEMO ITEM]
Other (specify) ▼	528.00	
Full Name (Last, First, Middle Initial) Michael Furman		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code	Transaction ID : C761
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
OSS Ambulatory Surgery Ctr LLP	Physician/Partner	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	528.00	*
Full Name (Last, First, Middle Initial) James J. Gilhool	I	Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code	Transaction ID : C762
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
OSS Ambulatory Surgery Ctr LLP	Physician	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General	riggrogate roar to Date ¥	*
Other (specify) ▼	528.00	
SUBTOTAL of Receipts This Page (optiona	al)	0.00
FOTAL This Desired (lost years this P	alan anta)	
OTAL This Period (last page this line num	nper only)	

FOR LINE NUMBER: PAGE 50 OF 88 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Steven Groff Date of Receipt Mailing Address 1855 Power Mill Road 03 2009 23 City State Zip Code Transaction ID: C763 PΑ York 17402 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation OSS Ambulatory Surgery Ctr LLP Physician/Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 528.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dennis Grolman Date of Receipt Mailing Address 1855 Power Mill Road 03 2009 23 City State Zip Code Transaction ID: C764 PA York 17402 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation OSS Ambulatory Surgery Ctr LLP Physician/Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 528.00 Other (specify) Full Name (Last, First, Middle Initial) c. Douglas Hofmann Date of Receipt Mailing Address 1855 Power Mill Road 03 23 2009 City State Zip Code Transaction ID: C765 PΑ York 17402 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Physician/Partner OSS Ambulatory Surgery Ctr LLP Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 528.00 Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	LINE	NU	MBER	:	PAGE	:	51 OF	=	88
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
zotanou oummary r ago		13		14		15		16		17

	nd Statements may not be sold or used by any person the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	ca Political Action Committee	
/ rhysician nospitals of Ameri	ca Political Action Committee	
Full Name (Last, First, Middle Initial) A. Michael A. Klein		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code	Transaction ID : C766
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
OSS Ambulatory Surgery Ctr LLP	Physician/Partner	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	528.00	*
Full Name (Last, First, Middle Initial) 3. Todd M. Lord M.D.		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code	Transaction ID : C776
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
OSS Realty Company, LP	Physician/CEO	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	[MEMO ITEM] *
Full Name (Last, First, Middle Initial) Michael Mitrick		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code	Transaction ID : C767
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
OSS Ambulatory Surgery Ctr LLP	Physician/Partner	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	528.00	*
SUBTOTAL of Receipts This Page (optional	l) >	0.00
	ber only)	
	**	

		LINE			:	PAGE	: 5	52	OF	88
Use separate schedule(s) for each category of the	`	ck only	or	ne)				İ		
Detailed Summary Page	×	11a		11b		11c		12		,
		13		14		15		16		17

ny information copied from such Reports a r for commercial purposes, other than usin	and Statements may not be sold or used by any pe og the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Hospitals of Amer	rica Political Action Committee	
Full Name (Last, First, Middle Initial) Michael Moritz		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code	Transaction ID : C768
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	+
OSS Ambulatory Surgery Ctr LLP	Physician/Partner	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	528.00	*
Full Name (Last, First, Middle Initial) K. Nicholas Pandelidis	1	Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code	Transaction ID : C769
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
OSS Ambulatory Surgery Ctr LLP	Physician/Partner	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	528.00	*
Full Name (Last, First, Middle Initial) Lawrence Pollack		Date of Receipt
Mailing Address 1855 Power Mill Road		03 23 2009
City	State Zip Code PA 17402	Transaction ID : C770
York	PA 17402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
OSS Ambulatory Surgery Ctr LLP	Physician/Partner	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	528.00	*
SUBTOTAL of Receipts This Page (options	al) >	0.00
,	<u>,</u>	
OTAL This Period (last page this line nun	mber only)	

FOR LINE NUMBER: PAGE 53 OF 88 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Chad M. Rutter Date of Receipt Mailing Address 1750 5th Avenue Suite #201 03 2009 23 City State Zip Code Transaction ID: C771 PΑ York 17402 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Physician/Partner OSS Ambulatory Surgery Ctr LLP Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 528.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael J. Sicuranza Date of Receipt Mailing Address 1855 Power Mill Road 03 2009 23 City State Zip Code Transaction ID: C772 PA York 17402 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation OSS Ambulatory Surgery Ctr LLP Physician/Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 527.00 Other (specify) Full Name (Last, First, Middle Initial) c. Suzette J. Song Date of Receipt Mailing Address 1855 Power Mill Road 03 23 2009 City State Zip Code Transaction ID: C773 PΑ York 17402 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Physician/Partner OSS Ambulatory Surgery Ctr LLP Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 527.00 Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE	NUMBER	: PAGE	= 54 OF	•
Use separate schedule(s)	(check onl	y one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Detailed Sulfilliary Fage	13	14	15	16	Г

	Statements may not be sold or used by any pers he name and address of any political committee t	
NAME OF COMMITTEE (In Full) Physician Hospitals of America	a Political Action Committee	
Full Name (Last, First, Middle Initial) Steven J. Triantafyllou Mailing Address 1855 Power Mill Road City York FEC ID number of contributing federal political committee. Name of Employer OSS Ambulatory Surgery Ctr LLP Receipt For: Primary General Other (specify)	State Zip Code PA 17402 C Occupation Physician/Partner Aggregate Year-to-Date ▼ 527.00	Date of Receipt 03 23 2009 Transaction ID: C774 Amount of Each Receipt this Period 250.00 [MEMO ITEM] *
Full Name (Last, First, Middle Initial) Peter J. VanGiesen Mailing Address 1855 Power Mill Road City York FEC ID number of contributing federal political committee. Name of Employer OSS Ambulatory Surgery Ctr LLP Receipt For: Primary General Other (specify)	State Zip Code PA 17402 C Occupation Physician/Partner Aggregate Year-to-Date ▼ 527.00	Date of Receipt 03 23 2009 Transaction ID: C775 Amount of Each Receipt this Period 250.00 [MEMO ITEM]
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	>	0.00
TOTAL This Period (last page this line number	er only)	136105.50

SCHEDULE B (FEC Form 3X)	Hoo congrets selected (2)	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 💢 23 🔲 24 🔲 25 📉 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Star			
or for commercial purposes, other than using the n	ame and address of any politi	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Hospitals of America P	olitical Action Comm	ittoo	
<u> </u>	Ollical Action Comm		
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. AMERIPAC: THE FUND FOR A	GREATER AMERICA	4	M M / D D / Y Y Y Y
Mailing Address 499 S Capitol St SW			06 23 2009
#414 City	State Zip Code		
WASHINGTON	State Zip Code DC 20003		Transaction ID : D516
Purpose of Disbursement			
Contribution Candidate Name			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Office Sought: House Disburs	sement For:	.,,,,	
Senate	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. BATTLE BORN POLITICAL ACT	ION COMMITTEE		Date of Disbursement
Mailing Address DO D 10000			M M / D D / Y Y Y Y
Mailing Address PO Box 40366 Suite 300			05 04 2009
City	State Zip Code		Transaction ID : D490
Washington Purpose of Disbursement	DC 20016		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Office Sought: House Disburs	sement For:	Type	2500.00
Senate Sought.	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) C. BECERRA FOR CONGRESS			Date of Disbursement
BECERNATION CONGRESS			M M / D D / Y Y Y Y
Mailing Address PO Box 261060			04 29 2009
City	State Zip Code		
Los Angeles	CA 90026-0878		Transaction ID : D484
Purpose of Disbursement Contribution			
Candidate Name		Cotogony	Amount of Each Disbursement this Period
XAVIER BECERRA		Category/ Type	2000.00
	sement For: 2010		
Senate President	Primary General Other (specify) ▼		
State: CA District: 31	Curior (opeony)		
,			
SUBTOTAL of Disbursements This Page (optional)	······································	9000.00
TOTAL This Period (last page this line number on	lv)		
1	*,		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 56 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Stat	ements may not be sold or us		
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Physician Hospitals of America P	olitical Action Comm	ittee	
Full Name (Last, First, Middle Initial)			
A. BEN CHANDLER FOR CONGRE	SS		Date of Disbursement
Mailing Address PO Box 12678			06 09 2009
City	State Zip Code		Transaction ID - DE05
Lexington	KY 40583-2678		Transaction ID : D505
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
BEN CHANDLER III Office Sought: House Disburs		Туре	1000.00
Office Sought: House Disburs Senate President	ement For: 2010 Primary General Other (specify)		
State: KY District: 06	o and (opcomy)		
Full Name (Last, First, Middle Initial)			
B. BERKLEY FOR CONGRESS			Date of Disbursement
Mailing Address 3069 Conquista Court			02 18 2009
City Las Vegas	State Zip Code NV 89121		Transaction ID : D428
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name SHELLEY BERKLEY		Category/ Type	2500.00
Office Sought: House Disburs	ement For: 2010		
	Primary General		
State: NV District: 01	Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. BERKLEY FOR CONGRESS			Date of Disbursement
o. BERKLET FOR CONGRESS			M M / D D / Y Y Y Y
Mailing Address 3069 Conquista Court			05 20 2009
City Las Vegas	State Zip Code NV 89121		Transaction ID : D498
Purpose of Disbursement	00121		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
SHELLEY BERKLEY	amant Fam. 25:-	Туре	1000.00
Senate President	ement For: 2010 Primary General Other (specify)		
State: NV District: 01			
SUBTOTAL of Disbursements This Page (optional)		······	4500.00
TOTAL This Period (last page this line number on	y)		

S	CHEDULE B (FEC Form 3X)			T -/	י חר	INIT N	IUMBER			Т	PAGE	57	OF 88
	EMIZED DISBURSEMENTS		arate schedule(s) category of the			only	one)					_	
			Summary Page		Н	21b 27	22 28a	×	23 28b	2	4 8c	25 29	26 30
	ny information copied from such Reports and Staten					persor	n for the		ose o	of solic	iting co	ontribu	tions
or	for commercial purposes, other than using the nam	e and addr	ress of any politic	cal con	nmitt	tee to	solicit co	ntrib	utions	from	such c	ommit	tee.
$ \rangle$	NAME OF COMMITTEE (In Full) Physician Hospitals of America Pol	itical Ac	tion Commi	ttee									
\angle	·												
Α.	Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS						Date o	of Dis	burse	ment			
٠	BILL CASSIDT FOR CONGRESS						M = M		D		Y	YY	Υ
	Mailing Address 3482 Drusilla Ln Ste 1						02	_	2	7	2	2009	
	,	State LA	Zip Code				Trans	sacti	on ID	: D435	5		
	Baton Rouge Purpose of Disbursement	LA	70809-1873			_							
	Contribution				ij	Ш	Amour	nt of	Each	Disbur	semen	t this	Period
	Candidate Name			Cate		y/						1000	0.00
	WILLIAM CASSIDY Office Sought:	nent For: 2	2010	- Fy	ype	-			7		,		
		Primary	General										
	President Pictrioty 00	Other (spec	cify) 🔻										
_	State: LA District: 06 Full Name (Last, First, Middle Initial)					\rightarrow							
В.	BLUE DOG POLITICAL ACTION C	COMMIT	TEE				Date o						
	Mailing Address 6849 Old Dominion Drive Suite 222						04	/	0			2009	Y
	McLean	State VA	Zip Code 22101				Tran	sacti	on ID	: D47	5		
	Purpose of Disbursement Contribution						Amour	nt of	Fach	Disbur	semer	nt this	Period
	Candidate Name			Cate	egory	y/					,	-	0.00
		nent For: Primary Other (spec	General cify) ▼										
_	Full Name (Last, First, Middle Initial)					\rightarrow							
C.	BLUEGRASS COMMITTEE						Date o		burse		Y	Y	Υ
	Mailing Address 400 N Capitol St NW Ste 585						03		14	_		2009	
	Washington	State DC	Zip Code 20001-1502				Tran	sacti	on ID	: D453	3		
	Purpose of Disbursement Contribution			Г.			Amour	nt of	Each	Dichur	reomor	t thic	Pariod
	Candidate Name			Cate	egor	y/	Amour		Lacii	Disbui	Semen	5000	
		nent For: Primary	General										
	State: District:	Other (spec	cify) \blacktriangledown										
Г	District.							_	_	_		_	
s	UBTOTAL of Disbursements This Page (optional)					•					,	11000	0.00
<u> </u>	OTAL The Board (Co. 1997)								-		-		
ΙŤ	OTAL This Period (last page this line number only)								m		m - 1		

SCHEDULE B (FEC Form 3X)	11	, FOR LINE	NUMBER:	PAGE 58 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the Detailed Summary Page	21b	22 🗶 23	24 25 26
		27	28a 28b	28c 29 30
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full)	ne and address of any por	ilicai committee to	3011CIT CONTINUED IN	on such committee.
Physician Hospitals of America Po	litical Action Comn	nittee		
/ Full Name (Last, First, Middle Initial)				
A. BOREN FOR CONGRESS			Date of Disburseme	ent
			M M / D D	/
Mailing Address PO Box 1924			05 15	2009
City	State Zip Code			
Muskogee	OK 74402-1924		Transaction ID : D	0494
Purpose of Disbursement Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Catagory		
DAVID BOREN		Category/ Type		5000.00
	ment For: 2010			
Senate President	Primary General Other (specify) ▼			
State: OK District: 02	Other (Specify)			
Full Name (Last, First, Middle Initial)				
B. BRIGHT FOR CONGRESS.COM			Date of Disburseme	ent
			M M / D D	/ Y = Y = Y = Y
Mailing Address PO Box 2106			03 23	2009
•	State Zip Code		Transaction ID : [D465
Montgomery Purpose of Disbursement	AL 36102-2106			
Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		1000.00
BOBBY NEAL BRIGHT		Туре		1000.00
	nent For: 2010 Primary General			
President	Other (specify)			
State: AL District: 02				
Full Name (Last, First, Middle Initial)			D	
C. BRIGHT FOR CONGRESS.COM			Date of Disburseme	
Mailing Address PO Box 2106			04 29	2009
	State Zip Code AL 36102-2106		Transaction ID : [0485
Montgomery Purpose of Disbursement	∆L 30102-2100			
Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		1000.00
BOBBY NEAL BRIGHT	ment Fee: oc.:	Туре		1000.00
Office Sought: House Disburser	ment For: 2010 Primary General			
President	Other (specify)			
State: AL District: 02				
·				
SUBTOTAL of Disbursements This Page (optional)		·····	7	7000.00
TOTAL This Pariod (last page this line number only)				
TOTAL This Period (last page this line number only)	·		1 1 1 10 1	. 40

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 59 OF 8
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Physician Hospitals of America Pol	itical Action Comm	ittee	
Full Name (Last, First, Middle Initial)			Data of Diahuraamant
A. CHARLIE MELANCON CAMPAIGI	N COMMITTEE INC	,	Date of Disbursement
Mailing Address PO Box 549 511 CONGRESS ST			02 23 2009
,	State Zip Code LA 70390-0549		Transaction ID : D433
Napoleonville Purpose of Disbursement	70390-0349		
Contribution			Amount of Each Disbursement this Period
Candidate Name CHARLIE MELANCON		Category/	1500.00
	nent For: 2010	Type	
Senate	Primary General Other (specify) ▼		
State: LA District: 03			
Full Name (Last, First, Middle Initial) B. CHARLIE MELANCON CAMPAIGI	N COMMITTEE INC		Date of Disbursement
Mailing Address PO Box 549 511 CONGRESS ST			04 27 2009
Napoleonville	State Zip Code LA 70390-0549		Transaction ID : D482
Purpose of Disbursement Contribution		· · · ·	Amount of Each Disbursement this Period
Candidate Name CHARLIE MELANCON		Category/ Type	1000.00
Office Sought: House Disbursen	nent For: 2010	.,,,,	,
	Primary General Other (specify) ▼		
State: LA District: 03	, (sp. 15), V		
Full Name (Last, First, Middle Initial) C. CITIZENS FOR HARKIN			Date of Disbursement
Mailing Address PO Box 811			06 23 2009
,	State Zip Code		Transaction ID : D515
Des Moines Purpose of Disbursement	IA 50304-0811		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
THOMAS RICHARD HARKIN Office Sought: House Disbursen	nent For: 2014	Туре	2550.00
Senate President	Primary General Other (specify) ▼		
State: IA District: 00			
SUBTOTAL of Disbursements This Page (optional)		·····	4500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Llos concreto sebestidade	FOR LINE N	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only of 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Physician Hospitals of America Pol	itical Action Committe	ее	
Full Name (Last, First, Middle Initial) 4. COBURN FOR SENATE 2010			Date of Disbursement
Mailing Address PO Box 977			06 13 2009
,	tate Zip Code OK 74402-0977		Transaction ID : D509
See Refund Year End 2009 Candidate Name		Category/	Amount of Each Disbursement this Period
X Senate	nent For: 2010 Primary General Other (specify)	Type	5000.00
Full Name (Last, First, Middle Initial) THE CONGRESSMAN JOE BART Mailing Address PO Box 1444	ON COMMITTEE		Date of Disbursement M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Ennis	tate Zip Code TX 75120-1444		Transaction ID : D466
Purpose of Disbursement Contribution Candidate Name JOE LINUS BARTON		Category/ Type	Amount of Each Disbursement this Period 5000.00
Senate	ent For: 2010 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAME	PAIGN COMMITTEE		Date of Disbursement
Mailing Address 6380 Wilshire Blvd Ste 1612			02 19 2009
,	tate Zip Code CA 90048-5018		Transaction ID: D430
Contribution Candidate Name		Category/	Amount of Each Disbursement this Period 2500.00
Senate	nent For: 2010 Primary General Other (specify)	Туре	2300.00
SUBTOTAL of Disbursements This Page (optional)		>	12500.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 61 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or usine and address of any politi	sed by any perso	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	and address of any point		Sound definition from during definition.
Physician Hospitals of America Po	litical Action Comm	ittee	
Full Name (Last, First, Middle Initial)			
A. CONTINUING A MAJORITY PARTY ACTION	ON COMMITTEE (C.	AMPAC)	Date of Disbursement
Mailing Address 5915 Eastman Avenue Suite 100			03 14 2009
,	State Zip Code		Transaction ID : D440
Midland	MI 48640		Transaction is . 5440
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Office Sought: House Disburse	ment For:	Туре	
Senate	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. DEMOCRATIC PARTY OF WISCO	ONSIN		Date of Disbursement
Mailing Address 222 W Washington Ave Ste 150			02 27 2009
City Madison	State Zip Code WI 53703-2719		Transaction ID : D436
Purpose of Disbursement Contribution		· · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Office Sought: House Disburse	ment For:	1,700	
Senate President	Primary General Other (specify) ▼		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial) C. DEMOCRATIC SENATORIAL CAI			Date of Disbursement
	WII AIGIN COMMITT		M = M / D = D / Y = Y = Y
Mailing Address 120 Maryland Ave NE			02 23 2009
,	State Zip Code DC 20002-5610		Transaction ID : D432
Washington Purpose of Disbursement	DC 20002-5610		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Office Sought: House Disburse	ment For:	Турс	
Senate	Primary General		
State: President State:	Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		·····•	12000.00
TOTAL This Period (last page this line number only)		
	<i>,</i>		

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 62 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Stater	nents may not be sold or us		
or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
Physician Hospitals of America Po	litical Action Commi	ttee	
Full Name (Last, First, Middle Initial)			5
A. DIRIGO PAC			Date of Disbursement
Mailing Address PO Box 1355			04 09 2009
City	State Zip Code		Transaction ID - D477
Alexandria	VA 22313		Transaction ID : D477
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Office Sought: House Disburser	ment For:	Туре	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)	001100500		Date of Dishursoment
B. EDDIE BERNICE JOHNSON FOR	CONGRESS		Date of Disbursement
Mailing Address 3102 Maple Ave Ste 605			04 15 2009
	State Zip Code		Transaction ID : D478
Dallas	TX 75201-1223		
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
EDDIE BERNICE JOHNSON		Type	2000.00
	ment For: 2010		
	Primary General		
President State: TX District: 30	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. ELLSWORTH FOR CONGRESS O	COMMITTEE		Date of Disbursement
	,		M - M / D - D / Y - Y - Y
Mailing Address PO Box 62			03 14 2009
City	State Zip Code		Transaction ID - D444
Evansville	IN 47701-0062		Transaction ID : D444
Purpose of Disbursement Contribution			
Candidate Name		البيا	Amount of Each Disbursement this Period
BRAD ELLSWORTH		Category/ Type	1500.00
	ment For: 2010	.,,,,	
Senate	Primary General		
President	Other (specify) ▼		
State: IN District: 08			
SUBTOTAL of Disbursements This Page (optional)			8500.00
SOBTOTAL OF DISDUISEMENTS THIS Fage (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 63 OF 88							
IT	EMIZED DISBURSEMENTS		parate schedule(s) category of the		k only	one)				
			Summary Page		21b 27	22 28a	23 28b	24 28c	25 29	26 30b
Δr	y information copied from such Reports and Staten	l nents may	not be sold or us	ed by an						
	for commercial purposes, other than using the nam									
\setminus	NAME OF COMMITTEE (In Full)									
$ \rangle$	Physician Hospitals of America Pol	itical A	ction Commi	ttee						
<u></u>	Full Name (Last, First, Middle Initial)									
A.	ENSIGN FOR SENATE					Date of	Disburse	ement		
	Mailing Address PO Box 370667					03	/ D 0	4 Y	2009	Y
	City	State	Zip Code			T	ID	- D420		
	Las Vegas	NV	89137-0667			irans	action ID	: D438		
	Purpose of Disbursement Contribution					Amoun	t of Each	Disbursem	ent this	Period
	Candidate Name			Catego					250	0.00
	JOHN ENSIGN Office Sought: House Disbursen	nent For:	2012	Туре			7	7		
		Primary	General							
		Other (spe	ecify) 🔻							
_	State: NV District:									
В.	Full Name (Last, First, Middle Initial) EVAN BAYH COMMITTEE					Date of	Disburse	ement		
٠.	L VAIN DATH COMMINITIEE					M M	/ D		YY	Y
	Mailing Address 850 Fort Wayne Ave					01		5	2009	
	Indianapolis	State IN	Zip Code 46204-1308			Trans	action ID	: D418		
	Purpose of Disbursement Contribution					Amoun	of Fach	Disbursem	ent this	Period
	Candidate Name			Cotoss	n/	, anoun	. Ji Lacii	Diobarden		. 01100
	EVAN BAYH			Catego Type				7	500	0.00
	Office Sought: House Disbursen									
		Primary	General							
	President State: IN District:	Other (spe	ecity) 🔻							
_	Full Name (Last, First, Middle Initial)									
C.	FLEMING FOR CONGRESS					Date of	Disburse	ement		
	Mailing Address DO Dov. 1000					M = M	/ D		3000	Y
	Mailing Address PO Box 1236					04		5	2009	_
	,	State	Zip Code			Trans	action ID	- D/80		
		LA	71058-1236			irans	action ID	. 6400		
	Purpose of Disbursement Contribution							5		
	Candidate Name			C-4: :	m./	Amoun	of Each	Disbursem	ent this	Period
	JOHN CALVIN FLEMING JR			Catego Type					100	0.00
		nent For:	2010				7	- 7		
		Primary	General							
		Other (spe	ecify) 🔻							
	State: LA District: 04									
s	UBTOTAL of Disbursements This Page (optional)				. •				850	0.00
ΙT	OTAL This Period (last page this line number only)						-			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 64 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Anni information posited from such Departs and Obtain			
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
Physician Hospitals of America Po	litical Action Commi	ttee	
		-	
Full Name (Last, First, Middle Initial) A. FLEMING FOR CONGRESS			Date of Disbursement
A. FLEMING FOR CONGRESS			M M / D D / Y Y Y Y
Mailing Address PO Box 1236			04 30 2009
	State Zip Code LA 71058-1236		Transaction ID : D487
Minden Purpose of Disbursement	LA 71058-1236		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
JOHN CALVIN FLEMING JR		Type	1000.00
	ment For: 2010		
Senate Y	Primary General Other (specify) ▼		
State: LA District: 04	Other (specify)		
Full Name (Last, First, Middle Initial)			
B. FRIENDS FOR HARRY REID			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 19163			02 09 2009
City	State Zip Code		
Las Vegas	NV 89132-0163		Transaction ID : D424
Purpose of Disbursement			
Contribution			Amount of Each Disbursement this Period
Candidate Name HARRY REID		Category/	5000.00
	ment For: 2010	Туре	7
	Primary General		
President	Other (specify) ▼		
State: NV District:			
Full Name (Last, First, Middle Initial)			
C. FRIENDS OF BARBARA BOXER			Date of Disbursement
Mailing Address PO Box 641751			05 27 2009
Mailing Address FO Box 041751			2000
City	State Zip Code		Transaction ID : D500
Los Angeles	CA 90064-6751		Transaction is . 5500
Purpose of Disbursement Contribution			
Candidate Name		Cotogogy	Amount of Each Disbursement this Period
BARBARA BOXER		Category/ Type	1000.00
Office Sought: House Disburse	ment For: 2010		
X Senate	Primary General		
President Pietriet:	Other (specify) ▼		
State: CA District:			
SUBTOTAL of Disbursements This Page (optional)			7000.00
COSTOTAL OF DISDUISEMENTS THIS Page (Optional)			
TOTAL This Period (last page this line number only)	······	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 65 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30l
Any information copied from such Reports and State	ments may not be sold or us		
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Physician Hospitals of America Po	olitical Action Commi	ttee	
Full Name (Last, First, Middle Initial)			
A. FRIENDS OF GINNY BROWN-W.	AITE		Date of Disbursement
Mailing Address PO Box 865			03 14 2009
City	State Zip Code		Transaction ID : D446
Brooksville	FL 34605-0865		Transaction ID: D446
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
VIRGINIA BROWN-WAITE Office Sought:	ement For: 2010	Туре	1000.00
Senate President	Primary General Other (specify)		
State: FL District: 05			
Full Name (Last, First, Middle Initial)			B (B)
B. FRIENDS OF JOHN THUNE			Date of Disbursement
Mailing Address PO Box 841			02 12 2009
City Sioux Falls	State Zip Code SD 57101-0841		Transaction ID : D425
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name JOHN R THUNE		Category/ Type	1500.00
	ment For: 2010	71	· · · · · ·
	Primary General		
State: SD District:	Other (specify)		
Full Name (Last, First, Middle Initial)			B (B)
C. FRIENDS OF SAM JOHNSON			Date of Disbursement
Mailing Address PO Box 860096			02 26 2009
City	State Zip Code		Transaction ID : D434
Plano Purpose of Disbursement	TX 75086-0096		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
SAMUEL R. JOHNSON		Type	2000.00
Senate President	ment For: 2010 Primary General Other (specify) ▼		
State: TX District: 03			
SUBTOTAL of Disbursements This Page (optional).		·····•	4500.00
TOTAL This Period (last page this line number only	·)	·····	

SCHEDULE B (FEC Form 3)		FOR LINE	NUMBER:	PAGE 66 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	ne Concor only	/ one)	24 25 20
	Detailed Summary Pag		28a 28b	28c 29 30
Any information copied from such Reports a				
or for commercial purposes, other than using	g the name and address of any po	olitical committee to	solicit contributions fro	m such committee.
NAME OF COMMITTEE (In Full) Physician Hospitals of Amor	ica Political Action Com	mittoo		
Physician Hospitals of Amer	ica Political Action Com	mittee		
Full Name (Last, First, Middle Initial)	N 1		Date of District	-t
A. FRIENDS OF SAM JOHNS	ON		Date of Disbursemen	nt
Mailing Address PO Box 860096			04 03	2009
City	State Zip Code		Transaction ID : D	470
Plano Purpose of Disbursement	TX 75086-0096	5	Transaction is . 5	-1.0
Contribution			Amount of Each Dis	bursement this Period
Candidate Name		Category/		2400.00
SAMUEL R. JOHNSON	B: 1	Type		2400.00
Office Sought: House Senate	Disbursement For: 2010 Primary General	al		
President	Other (specify)	ام		
State: TX District: 03				
Full Name (Last, First, Middle Initial)				
B. FRIENDS OF SAM JOHNSO	ON		Date of Disbursemer	nt
Mailing Address PO Box 860096			04 17	2009
amily Address FO BOX 000090			V7 17	2003
City	State Zip Code		Transaction ID : D	481
Plano Purpose of Disbursement	TX 75086-0096	0		
Contribution			Amount of Each Dis	bursement this Period
Candidate Name		Category/		500.00
SAMUEL R. JOHNSON	Dishurasmant Fair sair	Туре		300.00
Office Sought: House Senate	Disbursement For: 2010 Primary Genera	al		
President	Other (specify)	A1		
State: TX District: 03				
Full Name (Last, First, Middle Initial)			5	
C. FRIENDS OF SCHUMER			Date of Disbursemer	
Mailing Address 509 Madison Ave			04 29	2009
Rm 1902				
City	State Zip Code		Transaction ID : D	483
New York Purpose of Disbursement	NY 10022-5523	,		
Contribution			Amount of Each Dis	bursement this Period
Candidate Name		Category/		1000.00
CHARLES E. SCHUMER Office Sought: House	Disbursement For: 2010	Туре		1000.00
Senate	Primary General	al		
President	Other (specify)			
State: NY District:				
				0000.00
SUBTOTAL of Disbursements This Page (c	pptional)	·····		3900.00
TOTAL This Period (last page this line num	nher only)			
This i chou (last page this line hull	Ormy/			200 T T 200 T

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAG	E 67 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 X 23 24	25 26 29 30b
	<u> </u>	27	28a 28b 28c	
Any information copied from such Reports and State or for commercial purposes, other than using the national states of the state of the				
NAME OF COMMITTEE (In Full)				
Physician Hospitals of America Po	litical Action Commi	ttee		
Full Name (Last, First, Middle Initial)				
A. GEOFF DAVIS FOR CONGRESS			Date of Disbursement	
Mailing Address 3161 Dixie Highway Suite F			03 14	2009
City	State Zip Code		Transaction ID - D450	
Erlanger	KY 41018		Transaction ID : D458	
Purpose of Disbursement Contribution			Amount of Each Disburseme	ent this Period
Candidate Name		Category/		1000.00
GEOFF DAVIS		Type		1000.00
Office Sought: House Disburse Senate President	ment For: 2010 Primary General Other (specify) ▼			
State: KY District: 04	·			
Full Name (Last, First, Middle Initial)				
B. GEORGIANS FOR ISAKSON			Date of Disbursement	YYY
Mailing Address PO Box 250116			03 14	2009
Atlanta	State Zip Code GA 30325-1116		Transaction ID : D461	
Purpose of Disbursement Contribution		· · · ·	Amount of Each Disburseme	ent this Period
Candidate Name JOHN HARDY ISAKSON		Category/		1000.00
	ment For: 2010	Туре		
Senate President	Primary General Other (specify) ▼			
State: GA District: Full Name (Last, First, Middle Initial)				
c. GIFFORDS FOR CONGRESS			Date of Disbursement	
Mailing Address PO Box 12886			06 09	2009
City Tucson	State Zip Code AZ 85732		Transaction ID : D504	
Purpose of Disbursement				
Contribution			Amount of Each Disburseme	ent this Period
CARRIELLE CIFFORDS		Category/		1000.00
GABRIELLE GIFFORDS Office Sought: House Disburse	ment For: 2010	Туре	7	
Senate President	Primary General Other (specify) ▼			
State: AZ District: 08				
SUBTOTAL of Disbursements This Page (optional).		·····•	7	3000.00
TOTAL This Period (last page this line number only)	·····•		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 68 OF	- 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 29	26 30b
Any information copied from such Reports and Sta	rements may not be sold or us			
or for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full)				
Physician Hospitals of America P	olitical Action Commi	ttee		
Full Name (Last, First, Middle Initial)	<u> </u>		D (D)	
A. GINGREY FOR CONGRESS			Date of Disbursement	
Mailing Address PO Box U			05 01 2009	
City	State Zip Code		Transaction ID - D400	
Marietta	GA 30061-1077		Transaction ID : D488	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Pe	eriod
Candidate Name		Category/	1000.0	00
J. PHILLIP GINGREY Office Sought: House Disburs	sement For: 2010	Туре		
Senate President	Primary General Other (specify) ▼			
State: GA District: 11				
Full Name (Last, First, Middle Initial)				
B. GINGREY FOR CONGRESS			Date of Disbursement	
Mailing Address PO Box U			05 20 2009	
City Marietta	State Zip Code GA 30061-1077		Transaction ID: D496	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Pe	eriod
Candidate Name J. PHILLIP GINGREY		Category/ Type	1000.0	00
Office Sought: House Disburs	sement For: 2010			
	Primary General			
State: GA District: 11	Other (specify) ▼			
Full Name (Last, First, Middle Initial) C- GREAT AMERICAN FUND			Date of Disbursement	
- GILAT AWILINGAIN FUND			M M / D D / Y Y Y Y	
Mailing Address PO Box 83142			05 15 2009	
City Gaithersburg	State Zip Code MD 20883-3142		Transaction ID : D493	
Purpose of Disbursement Contribution				
Candidate Name		Category/	Amount of Each Disbursement this Performance 5000.0	
Office Sought: House Disburs	sement For:	Туре		_
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)	·····	7000.0	00
TOTAL This Period (last page this line number on	ly)			

ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 69 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
	<u> </u>	27	
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Physician Hospitals of America Po	olitical Action Comm	ittee	
Full Name (Last, First, Middle Initial)			
A. HARRY MITCHELL FOR CONGR	ESS		Date of Disbursement
Mailing Address PO Box 23748			03 26 2009
City	State Zip Code		Transaction ID : D468
Tempe	AZ 85285		Transaction is . 5400
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
HARRY E. MITCHELL	. =	Туре	2500.00
Office Sought: House Disburse	ement For: 2010 Primary General Other (specify)		
State: AZ District: 05			
Full Name (Last, First, Middle Initial)			
B. HEARTLAND VALUES PAC			Date of Disbursement
Mailing Address PO Box 505			06 09 2009
City Sioux Falls	State Zip Code SD 57101		Transaction ID : D503
Purpose of Disbursement Contribution		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2000.00
Office Sought: House Disburse	ement For:	1,400	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General		
State: President District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Date of Disbursement
C. JIM GERLACH FOR CONGRESS	COMMITTEE		
Mailing Address PO Box 87			03 12 2009
City Uwchland	State Zip Code PA 19480		Transaction ID : D448
Purpose of Disbursement	174 13400		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
JIM GERLACH		Type	1000.00
Senate President	ement For: 2010 Primary General Other (specify) ▼		
State: PA District: 06			
SUBTOTAL of Disbursements This Page (optional).		······	5500.00
TOTAL This Period (last page this line number only	/)	·····•	

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 70 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Staten	pente may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
$ \; angle$ Physician Hospitals of America Pol	itical Action Commit	tee	
Full Name (Last, First, Middle Initial)		ı	
A. JIM GERLACH FOR CONGRESS	COMMITTEE		Date of Disbursement
	· · · · · - ·		M M / D D / Y Y Y Y
Mailing Address PO Box 87			03 14 2009
City	State Zip Code		
Uwchland	PA 19480		Transaction ID : D456
Purpose of Disbursement Contribution			Amount of Each Dichurcom and this David
Candidate Name			Amount of Each Disbursement this Period
JIM GERLACH		Category/ Type	1000.00
	nent For: 2010		,
	Primary General		
State: PA District: 06	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. JIM GERLACH FOR CONGRESS	COMMITTEE		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 87			06 12 2009
,	State Zip Code PA 19480		Transaction ID : D506
Uwchland Purpose of Disbursement	PA 19480		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
JIM GERLACH Office Sought: House Disbursen	nent For: 2010	Туре	1000.00
	Primary General		
	Other (specify)		
State: PA District: 06			
Full Name (Last, First, Middle Initial)	00		Date of Dishuranment
C. JOHN CAMPBELL FOR CONGRE	55		Date of Disbursement
Mailing Address 4590 Macarthur Boulevard			03 14 2009
Suite 500	Nata 7'- O-d-		
,	State Zip Code CA 92660		Transaction ID : D447
Purpose of Disbursement			
Contribution			Amount of Each Disbursement this Period
Candidate Name JOHN CAMPBELL		Category/	1000.00
	nent For: 2010	Туре	
	Primary General		
	Other (specify) ▼		
State: CA District: 48			
SUPTOTAL of Dishuramento This Dage (entires)			3000.00
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 71 OF	88
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 24 25 28 28b 28c 29	26 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
Physician Hospitals of America Po	olitical Action Commit	tee		
Full Name (Last, First, Middle Initial)				
A. JOHN S FUND			Date of Disbursement	
Mailing Address PO Box 853			03 14 2009	
City	State Zip Code		Transaction ID - D454	
Edwardsville	IL 62025		Transaction ID: D454	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Per	riod
Candidate Name		Category/ Type	1000.00	0
Office Sought: House Disburse	ement For:		, ,	
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
B. JOHN S FUND				_
Mailing Address PO Box 853			04 02 2009	
City Edwardsville	State Zip Code IL 62025		Transaction ID : D469	
Purpose of Disbursement	62626			
Contribution			Amount of Each Disbursement this Per	riod
Candidate Name		Category/ Type	1000.0	Ю
	ement For:			
Senate	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. JOHN SALAZAR FOR CONGRES	SS		Date of Disbursement	
			M M / D D / Y Y Y Y	1
Mailing Address PO Box 534			06 12 2009	4
City	State Zip Code		T // ID D500	
Pueblo	CO 81002-0534		Transaction ID : D508	
Purpose of Disbursement Contribution				
Candidate Name			Amount of Each Disbursement this Per	riod
JOHN SALAZAR		Category/ Type	1000.00	0
	ement For: 2010	Туре		_
Senate	Primary General			
President	Other (specify)			
State: CO District: 03				
SUBTOTAL of Disbursements This Page (optional)		········· >	3000.00	J
TOTAL This Poyled /lest need this line number and	<u>-</u>			
TOTAL This Period (last page this line number onl	y /			

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 72 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	separate schedule(s) (check only one)		
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and Statem				
or for commercial purposes, other than using the nam	e and address of any polit	ical committee to	solicit contributions fro	om such committee.
NAME OF COMMITTEE (In Full)	itiaal Aatian Carre	ittoo		
Physician Hospitals of America Pol	ilical Action Comm	iiilee		
Full Name (Last, First, Middle Initial)			Data of Diahaman	ant
A. JOHN SHADEGGS FRIENDS			Date of Disburseme	/ Y Y Y Y Y
Mailing Address PO Box 45444			06 12	2009
,	State Zip Code		Transaction ID : D	1507
	AZ 85064-5444		mansaction ib . b	,50 <i>1</i>
Purpose of Disbursement Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		5000.00
JOHN B. SHADEGG		Туре		5000.00
	nent For: 2010			
	Primary General Other (specify)			
State: AZ District: 03	Other (apcony)			
Full Name (Last, First, Middle Initial)				
B. JON KYL FOR U S SENATE			Date of Disburseme	ent
			M = M / D = D	/
Mailing Address PO BOX 10246			02 18	2009
,	State Zip Code AZ 85064		Transaction ID : D	0427
Purpose of Disbursement	712 00004			
Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		5000.00
JON KYL		Туре		3000.00
	nent For: 2012 Primary General			
	Other (specify)			
State: AZ District:	Carol (opcony)			
Full Name (Last, First, Middle Initial)			5	
C. JOSEPH CAO FOR CONGRESS			Date of Disburseme	
Mailing Address PO Box 56156			05 27	2009
amily Address FO Box 30130			20 21	2000
•	State Zip Code		Transaction ID : D	0499
New Orleans Purpose of Disbursement	LA 70156-6156			- -
Contribution			Amount of Each Di	phyropment this Device!
Candidate Name		Cotogogy	Amount of Each Dis	sbursement this Period
AHN 'JOSEPH' CAO		Category/ Type		1000.00
Office Sought: House Disbursem	nent For: 2010		, , , , , , , , , , , , , , , , , , , ,	,
	Primary General			
	Other (specify) ▼			
State: LA District: 02				
CURTOTAL of Dichurcomente This Dogs (anti-				11000.00
SUBTOTAL of Disbursements This Page (optional)		······		133333
TOTAL This Period (last page this line number only).				

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 73 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	v one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
		27	
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
Physician Hospitals of America	Political Action Commi	ittee	
Full Name (Last, First, Middle Initial)			
A. KAGEN 4 CONGRESS			Date of Disbursement
Mailing Address 100 W Lawrence St			01 26 2009
City	State Zip Code		Transaction ID : D420
Appleton	WI 54911-5773		Transaction is : 5425
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
STEVEN LESLIE KAGEN		Type	5000.00
	ursement For: 2010		
Senate President	Primary General Other (specify) ▼		
State: WI District: 08	Other (speedily)		
Full Name (Last, First, Middle Initial)			
B. KIND FOR CONGRESS COMM	IITTEE		Date of Disbursement
Mailing Address 205 5th Ave S Ste 428			06 23 2009
City La Crosse	State Zip Code WI 54601-4044		Transaction ID : D512
Purpose of Disbursement Contribution		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	
RON KIND		Type	1000.00
Office Sought: House Senate President	rrsement For: 2010 Primary General Other (specify) ▼		
State: WI District: 03			
Full Name (Last, First, Middle Initial)	- 1 - 0 - 1 - 0		Data of Dishumannant
C. KLOBUCHAR FOR MINNESOT	A 2012		Date of Disbursement
Mailing Address PO Box 4146			05 20 2009
City Saint Paul	State Zip Code MN 55104-0146		Transaction ID : D497
Purpose of Disbursement			
Contribution		1 []	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
AMY J. KLOBUCHAR		Туре	1000.00
Senate President	Primary General Other (specify) ▼		
State: MN District:			
SUBTOTAL of Disbursements This Page (option	al)	······	7000.00
TOTAL This Period (last page this line number of	only)	·····	

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 74 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State	monte may not be cold or us		
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Physician Hospitals of America Po	litical Action Commi	ttee	
Full Name (Last, First, Middle Initial)			
A. LARSON FOR CONGRESS			Date of Disbursement
Mailing Address 29 RUFF CIRCLE			04 08 2009
City	State Zip Code		Transaction ID : D474
GLASTONBURY	CT 06033		Transaction ID: D474
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
JOHN B. LARSON Office Sought: House Disburse	ment For: 2010	Туре	18888
Senate President	Primary General Other (specify)		
State: CT District: 01	Other (specify)		
Full Name (Last, First, Middle Initial)			
B. LEVIN FOR CONGRESS			Date of Disbursement
Mailing Address 230 North Ave			04 29 2009
City Mount Clemens	State Zip Code MI 48043-1793		Transaction ID : D486
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name SANDER M. LEVIN		Category/ Type	1500.00
	ment For: 2010	Турс	
	Primary General		
President	Other (specify) ▼		
State: MI District: 12 Full Name (Last, First, Middle Initial)			
C. LISA MURKOWSKI FOR US SEN	ATF		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 100847			03 14 2009
City Anchorage	State Zip Code AK 99510-0847		Transaction ID : D457
Purpose of Disbursement			
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
LISA MURKOWSKI Office Sought: House Disburse	ment For: 2010	Туре	
X Senate President	Primary General Other (specify)		
State: AK District:			
SUBTOTAL of Disbursements This Page (optional).			3500.00
TOTAL This Period (last page this line number only	·)	>	

TEMIZED DISBURSEMENTS Any information copied from such Reports and Stater or for commercial purposes, other than using the name of the commercial purposes.	for each	parate schedule(s) category of the	(check only	one)				OF 88
		Summary Page	21b 27	22 28a	23 28b	24 28c	25 29	20
or for committered purposes, unter than using the half								
NAME OF COMMITTEE (In Full) Physician Hospitals of America Pol				SOROIL COL	MIDULIONS I	TOTH SUCH	Johnnie	
Full Name (Last, First, Middle Initial) LUCILLE ROYBAL-ALLARD FOR	CONGI	RESS		Date of	Disbursem		YIY	V
Mailing Address PO Box 582				02	19		2009	
Kensington	State MD	Zip Code 20895-0582		Trans	action ID :	D431		
Purpose of Disbursement Contribution				Amount	of Each D	isburseme	nt this P	eriod'
Candidate Name LUCILLE ROYBAL-ALLARD			Category/ Type				1000.	.00
	ment For: Primary Other (spe	General						
State: CA District: 34 Full Name (Last, First, Middle Initial) 3- MCCOTTER CONGRESSIONAL (COMMI	TTEE		Date of	Disbursem		Y	Y
Mailing Address PO Box 530788				03	14		2009	
Livonia	State MI	Zip Code 48153-0788		Trans	action ID :	D450		
Purpose of Disbursement Contribution				Amount	of Each D	isburseme	nt this P	eriod
Candidate Name THADDEUS MCCOTTER			Category/ Type				1000	.00
	ment For: Primary Other (spe	General						
Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONG	RESS				Disbursem			
Mailing Address PO Box 2334				02	19		2009	Y
City Denton Purpose of Disbursement	State TX	Zip Code 76202-2334		Trans	action ID :	D429		
Contribution Candidate Name			Category/	Amount	of Each D	isburseme	nt this P	eriod
MICHAEL C. BURGESS Office Sought: House Disburser	ment For:	2010	Type				2500.	.00
Office Sought. X House Disburser	Primary	General						
Senate President State: TX District: 26	Other (spe	ecify) 🔻						
Senate President				_			4500.	00

SCHEDULE B (FEC Form 3X) FOR LINE NUMBER:		NUMBER:	PAGE 76 OF 88	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	c(s) (check only one)		
	Detailed Summary Page	21b	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and State	ments may not be sold or us			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
$ \; angle$ Physician Hospitals of America Po	olitical Action Comm	ittee		
Full Name (Last, First, Middle Initial)				
A. MICHAEL BURGESS FOR CONC	BRESS		Date of Disbursemer	nt
			M M / D D	/ Y
Mailing Address PO Box 2334			03 14	2009
City	State Zip Code			
Denton	TX 76202-2334		Transaction ID : D4	155
Purpose of Disbursement Contribution				
Candidate Name			Amount of Each Dist	oursement this Period
MICHAEL C. BURGESS		Category/ Type		1000.00
	ement For: 2010	.,,,,		
Senate	Primary General			
President State: TX District: 26	Other (specify) ▼			
State: TX District: 26 Full Name (Last, First, Middle Initial)				
B. MICHAEL BURGESS FOR CONC	RESS		Date of Disbursemer	nt
WIGHALL BONGLOOT ON CONC	JILOO		M = M / D = D	/ Y Y Y Y Y
Mailing Address PO Box 2334			05 04	2009
City	State Zip Code		Transaction ID : D4	191
Denton Purpose of Disbursement	TX 76202-2334			
Contribution			Amount of Each Disk	oursement this Period
Candidate Name		Category/		
MICHAEL C. BURGESS		Type		1000.00
	ement For: 2010			
Senate President	Primary General Other (specify) ▼			
State: TX District: 26	Other (specify)			
Full Name (Last, First, Middle Initial)				
C. MIKE CRAPO FOR US SENATE			Date of Disbursemer	nt
Moiling Address DO Day 1010			M M / D D	7 7 7 7 7
Mailing Address PO Box 1948			03 20	2009
City	State Zip Code		Transaction ID : D4	164
Boise	ID 83701-1948		Transaction io : D	10 1
Purpose of Disbursement Contribution				
Candidate Name		Cotogogy	Amount of Each Dist	oursement this Period
MICHAEL D. CRAPO		Category/ Type		1000.00
Office Sought: House Disburse	ement For: 2010		,	,
Senate Senate	Primary General			
State: ID District:	Other (specify) ▼			
Gate. ID District.				
SUBTOTAL of Disbursements This Page (optional)				3000.00
(optional)				7
TOTAL This Period (last page this line number only	<i>y</i>)	·····•		7

S	CHEDULE B (FEC Form 3X)			FOR LIN	IE NUMBER	:	PAGE 7	7 OF 88
IT	EMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only one)				
			Summary Page	21		X 23 28b		26 29 30b
Λ.	by information copied from such Departs and Chita	l nonto mo::	not be sold as					
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam							
\setminus	NAME OF COMMITTEE (In Full)							
$ \rangle$	Physician Hospitals of America Pol	itical A	ction Commi	ttee				
\angle	Full Name (Last, First, Middle Initial)							
Α.	MIKE CRAPO FOR US SENATE				Date o	f Disburseme	ent	
					M = M	/ D D	/ Y Y	Y
	Mailing Address PO Box 1948				04	06	200	9
	City	State	Zip Code					
	Boise	ID	83701-1948		Trans	saction ID : D	0472	
	Purpose of Disbursement Contribution				╗.		ata ana	ala Bartar
	Candidate Name				Amoun	t of Each Dis	sbursement th	nis Period
	MICHAEL D. CRAPO			Category/ Type			4	00.00
		nent For:	2010	.,,,,	-	7	7	
		Primary	X General					
		Other (spe	ecify) 🔻					
_	State: ID District: Full Name (Last, First, Middle Initial)							
В.	MIKE CRAPO FOR US SENATE				Date o	f Disburseme	ent	
					M = M	_	/ Y = Y =	Y
	Mailing Address PO Box 1948				04	06	200	9
		State	Zip Code		Trans	saction ID : [0473	
	Boise Purpose of Disbursement	ID	83701-1948		_	-		
	See Refund Year End 2009				Amoun	t of Each Dis	sbursement th	nis Period
	Candidate Name			Category/	' r-			000 00
	MICHAEL D. CRAPO			Type		-		5000.00
	Office Sought: House Disbursen							
		Primary Other (spe	General ecify) •					
	State: ID District:	(opt	··· <i>J/</i> ▼					
	Full Name (Last, First, Middle Initial)							
C.	MIKE HONDA FOR CONGRESS				Date o	f Disburseme		
	Mailing Address P.O. Box 8180				02	/ D D D	200	
	,	State	Zip Code		Trans	saction ID : [D426	
	San Jose Purpose of Disbursement	CA	95155		_			
	Contribution				Amoun	t of Each Dis	sbursement th	nis Period
	Candidate Name			Category/	7 111001	. 5. Laon Di		
	MIKE HONDA			Type			1	000.00
		nent For:						
		Primary Other (spe	General					
	State: CA District: 15	- 11.01 (opt	∀					
Г	- 1							
s	SUBTOTAL of Disbursements This Page (optional)			·····			10	00.00
T.								
ľ	OTAL This Period (last page this line number only)			······ >				

SCHE	DULE B (FEC Form 3X)		FOR LINE I	NUMBER: PA	GE 78 OF 88
ITEMI	ZED DISBURSEMENTS	Use separate schedule(s for each category of the	e(s) (check only one)		
		Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28c	25 26 29 30b
Δην. infe	ormation copied from such Reports and Stater	nents may not be sold or u			
	ommercial purposes, other than using the nan				
NAM	IE OF COMMITTEE (In Full)				
Ph	ysician Hospitals of America Po	litical Action Comm	ittee		
VFull	Name (Last, First, Middle Initial)				
	KE ROSS FOR CONGRESS CO	OMMITTEE		Date of Disbursement	
	nn Address BOB 200				2000
Maili	ng Address PO Box 360			02 28	2009
City	,	State Zip Code		Transaction ID - D407	
Pres		AR 71857-0360		Transaction ID : D437	
	ose of Disbursement otribution		· · ·	Amount of Each Disburse	ment this Period
Cand	didate Name		Category/		
	CHAEL AVERY ROSS		Type		1000.00
Offic		ment For: 2010			
	Senate President	Primary General Other (specify) ▼			
State					
Full	Name (Last, First, Middle Initial)				
B. MI	KE ROSS FOR CONGRESS CO	OMMITTEE		Date of Disbursement	
Maili	ng Addrass DO D 200				2009
iviaili	ng Address PO Box 360			05 20	2009
City		State Zip Code		Transaction ID : D495	
Pres Purp	cott ose of Disbursement	AR 71857-0360			
	ntribution			Amount of Each Disburse	ment this Period
	didate Name		Category/		2500.00
	CHAEL AVERY ROSS	want Fam. co:	Type		2000.00
Offic		ment For: 2010 Primary General			
	President	Other (specify)			
State					
_	Name (Last, First, Middle Initial)				
C. MII	KE THOMPSON FOR CONGRE	SS		Date of Disbursement	
Maili	ng Address 5429 Madison Ave			03 14	2009
City	amento	State Zip Code CA 95841-3111		Transaction ID : D460	
Purp	ose of Disbursement	53041-3111			
Cor	ntribution			Amount of Each Disburse	ment this Period
	didate Name		Category/		1500.00
	KE THOMPSON	nont For: 2242	Туре		1300.00
OTTIC	e Sought: House Disburser	ment For: 2010 Primary General			
	President	Other (specify)			
State	e: CA District: 01	· · · · · · · · · · · · · · · · · · ·			
	,				
SUBTO	DTAL of Disbursements This Page (optional)		······································		5000.00
TOTAL	This Period (last page this line number only)				
I LOTAL	. This i choo hast page this line number only)	***************************************			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 79 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and State	ments may not be sold or us			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
Physician Hospitals of America Po	olitical Action Commi	ttee		
Full Name (Last, First, Middle Initial)			D . (D:)	
A. MINNICK FOR CONGRESS			Date of Disbursemen	
Mailing Address PO Box 306			03 14	2009
City	State Zip Code		Transaction ID : D	450
Boise	ID 83701-0306		Transaction ib . D	439
Purpose of Disbursement Contribution			Amount of Each Dis	bursement this Period
Candidate Name		Category/		1000.00
WALTER MINNICK Office Sought: House Disburs	ement For: 2010	Туре		7
Senate President	Primary General Other (specify) ▼			
State: ID District: 01				
Full Name (Last, First, Middle Initial)				
B. NATHAN DEAL FOR CONGRES	S		Date of Disbursemen	nt
Mailing Address PO Box 902			03 14	2009
City Gainesville	State Zip Code GA 30503-0902		Transaction ID : D	452
Purpose of Disbursement Contribution			Amount of Each Dis	bursement this Period
Candidate Name NATHAN DEAL		Category/ Type		1000.00
Office Sought: House Disburse	ement For: 2010			
	Primary General			
President State: GA District: 09	Other (specify) ▼			
Full Name (Last, First, Middle Initial)			Date of Disbursemen	at .
C. NATIONAL LEADERSHIP PAC				
Mailing Address PO Box 5577			03 / 19	2009
City	State Zip Code		Transaction ID : D	463
New York Purpose of Disbursement	NY 10027			
Contribution Candidate Name		Category/ Type	Amount of Each Dist	bursement this Period 2500.00
Office Sought: House Disburse	ement For:	. , , , ,		7
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		·····•	-	4500.00
TOTAL This Period (last page this line number onl	y)	·····•		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 80 OF 88			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check					
TI ENVILLE DISDONSENTENTS	for each category of the Detailed Summary Page	21b	22 🔀 23 24 25 26			
	Dotailed Guillinary Lage	27	28a 28b 28c 29 30b			
Any information copied from such Reports and Statem						
or for commercial purposes, other than using the nam	e and address of any politica	al committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)	'''					
$ \; angle$ Physician Hospitals of America Pol	itical Action Commit	tee				
Full Name (Last, First, Middle Initial)						
A. NATIONAL REPUBLICAN SENAT	ORIAL COMMITTEE		Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 425 2nd St NE			05 04 2009			
City	state Zip Code					
Washington	DC 20002-4914		Transaction ID : D489			
Purpose of Disbursement						
Contribution		L II	Amount of Each Disbursement this Period			
Candidate Name		Category/	3000.00			
Office Sought: House	oont For:	Туре	3000.00			
Office Sought: House Disbursen Senate	nent For: Primary General					
	Other (specify)					
State: District:	(1)					
Full Name (Last, First, Middle Initial)						
B. NELSON 2012			Date of Disbursement			
			M = M / D = D / Y = Y = Y			
Mailing Address PO BOX 8666			06 01 2009			
City	state Zip Code					
ОМАНА	NE 68108		Transaction ID: D502			
Purpose of Disbursement Contribution						
Candidate Name			Amount of Each Disbursement this Period			
BENJAMIN E. NELSON		Category/ Type	1000.00			
	nent For: 2012	туре				
	Primary General					
President	Other (specify) ▼					
State: NE District:						
Full Name (Last, First, Middle Initial)		_				
C. PEOPLE FOR PATTY MURRAY U	S SENATE CAMPA	IGN	Date of Disbursement			
Mailing Address PO Box 3662			03 14 2009			
Mailing Address 1 O Box 3002			2000			
City	state Zip Code		Transaction ID : D445			
	WA 98124-3662		Transaction is . 5443			
Purpose of Disbursement Contribution						
Candidate Name		0.1	Amount of Each Disbursement this Period			
PATTY MURRAY		Category/ Type	2500.00			
	nent For: 2010					
∑ Senate	Primary General					
President	Other (specify) ▼					
State: WA District:						
CURTOTAL of Dishumananta This Day (ast)			6500.00			
SUBTOTAL of Disbursements This Page (optional)		·····	3555.55			
TOTAL This Period (last page this line number only)						

D	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE 81 OF 88
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)		
			Summary Page	21b	22 X		
				27	28a		8c 29 30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam						
<u>\</u>	NAME OF COMMITTEE (In Full)	o ana aac	mood of any pointed	<u>a. committee to</u>	CONOR CONTIN		
	Physician Hospitals of America Pol	itical A	ction Commit	ttee			
/		iticai / tt					
_	Full Name (Last, First, Middle Initial)	_					
Α.	PETE SESSIONS FOR CONGRES	SS			Date of Dis	sbursement	
	Mailing Address PO Box 823047				03	14	2009
							2000
	•	state	Zip Code		Transact	ion ID : D451	1
		TX	75382		Transact	1011 15 . 540 !	
	Purpose of Disbursement Contribution				Amount of	Each Disbur	sement this Period
	Candidate Name			Category/			
	PETE SESSIONS			Type		,	1500.00
	Office Sought: House Disbursem		2010				
		Primary	General				
	State: TX District: 32	Other (spe	ecity) 🔻				
	Full Name (Last, First, Middle Initial)						
В.	PRESERVING AMERICA'S TRADI	TIONS	(PATPAC)		Date of Dis	sbursement	
			(M = M /	D D /	YYYY
	Mailing Address 610 S Boulevard				03	14	2009
	City	state	Zip Code				
		FL	33606-2693		Transact	ion ID : D443	3
	Tampa	r L	33000 2033				
	Purpose of Disbursement		33000 2033				
	Purpose of Disbursement Contribution		33000 2033		Amount of	Each Disbur	sement this Period
	Purpose of Disbursement	r L	33000 2033	Category/	Amount of	Each Disbur	sement this Period
	Purpose of Disbursement Contribution		33000 2033	Category/ Type	Amount of	Each Disbur	
	Purpose of Disbursement Contribution Candidate Name Office Sought: House Disbursem		General		Amount of	Each Disbur	
	Purpose of Disbursement Contribution Candidate Name Office Sought: House Disbursem Senate President	nent For:	General		Amount of	Each Disbur	
	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District:	nent For: Primary	General		Amount of	Each Disbur	
	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	nent For: Primary	General			,	
<u> </u>	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District:	nent For: Primary	General		Date of Dia	sbursement	2000.00
	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	nent For: Primary	General			,	
<u> </u>	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address PO Box 425	nent For: Primary Other (spe	☐ General		Date of Dia	sbursement	2000.00
С.	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address PO Box 425 City S	nent For: Primary Other (spe	General ecify) ▼		Date of Dis	sbursement	2000.00 y y y y 2009
— С.	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address PO Box 425 City	nent For: Primary Other (spe	☐ General		Date of Dis	sbursement / 06	2000.00 y y y y 2009
C.	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address PO Box 425 City S Roswell	nent For: Primary Other (spe	General ecify) ▼		Date of Dis	sbursement 06 / ion ID : D492	2000.00 y y y y 2009
С.	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address PO Box 425 City S Roswell Purpose of Disbursement Contribution Candidate Name	nent For: Primary Other (spe	General ecify) ▼		Date of Dis	sbursement 06 / ion ID : D492	2000.00 Y Y Y Y Y Y 2009 2 Sement this Period
<u> </u>	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address PO Box 425 City Senate President City Senate Po Box 425 City City Senate Purpose of Disbursement Contribution Candidate Name THOMAS EDMUNDS PRICE MD	nent For: Primary Other (spe	General ecify) ▼ Zip Code 30077-0425	Туре	Date of Dis	sbursement 06 / ion ID : D492	2000.00 Y Y Y Y 2009
С.	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address PO Box 425 City Senate President City Senate President Contribution Candidate Name THOMAS EDMUNDS PRICE MD Office Sought: House Disbursement Contribution Disbursement Disbursement Confice Sought: House Disbursement Disbursement Disbursement Disbursement Contribution Disbursement Confice Sought: House Disbursement D	nent For: Primary Other (spe State GA	General ecify) ▼ Zip Code 30077-0425	Type Category/	Date of Dis	sbursement 06 / ion ID : D492	2000.00 Y Y Y Y Y Y 2009 2 Sement this Period
C.	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address PO Box 425 City Senate Purpose of Disbursement Contribution Candidate Name THOMAS EDMUNDS PRICE MD Office Sought: House Senate	nent For: Primary Other (spe State GA	General ecify) ▼ Zip Code 30077-0425 2010 General	Type Category/	Date of Dis	sbursement 06 / ion ID : D492	2000.00 Y Y Y Y Y Y 2009 2 Sement this Period
C.	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address PO Box 425 City Senate Purpose of Disbursement Contribution Candidate Name THOMAS EDMUNDS PRICE MD Office Sought: House Senate	nent For: Primary Other (spe State GA	General ecify) ▼ Zip Code 30077-0425 2010 General	Type Category/	Date of Dis	sbursement 06 / ion ID : D492	2000.00 Y Y Y Y Y Y 2009 2 Sement this Period
C .	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address PO Box 425 City Senate Purpose of Disbursement Contribution Candidate Name THOMAS EDMUNDS PRICE MD Office Sought: House Senate President Senate President	nent For: Primary Other (spe State GA	General ecify) ▼ Zip Code 30077-0425 2010 General	Type Category/	Date of Dis	sbursement 06 / ion ID : D492	2000.00 Y Y Y Y Y Y 2009 2 Sement this Period
S. S	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address PO Box 425 City Senate Purpose of Disbursement Contribution Candidate Name THOMAS EDMUNDS PRICE MD Office Sought: House Senate President Senate President	nent For: Primary Other (spe	General ecify) ▼ Zip Code 30077-0425 2010 General ecify) ▼	Category/ Type	Date of Dis	sbursement 06 / ion ID : D492	2000.00 Y Y Y Y Y Y 2009 2 Sement this Period
	Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address PO Box 425 City Senate Purpose of Disbursement Contribution Candidate Name THOMAS EDMUNDS PRICE MD Office Sought: House Senate President State: GA District: 06	nent For: Primary Other (spe	General ecify) ▼ Zip Code 30077-0425 2010 General ecify) ▼	Category/ Type	Date of Dis	sbursement 06 / ion ID : D492	2000.00 Y Y Y Y Y Y Y 2009 2 sement this Period 2500.00

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER:	PAGE 82 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	the (critical critical)		. 🗆 –
	Detailed Summary Page		22 X 23 24 28a 28b 25	4 25 26 8c 29 3
Any information copied from such Departs and Otals	monto movement ha salal are			
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
Physician Hospitals of America Po	litical Action Comn	nittee		
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. RANGEL FOR CONGRESS			Date of Disbursement	Y
Mailing Address PO Box 5577			04 03	2009
MANHATTANVILLE STA				
	State Zip Code NY 10027-5570		Transaction ID : D471	1
New York Purpose of Disbursement	NY 10027-5570			
Contribution			Amount of Each Disbur	sement this Period
Candidate Name		Category/		4000.00
CHARLES B. RANGEL		Туре		1000.00
	ment For: 2010			
Senate President	Primary General Other (specify) ▼			
State: NY District: 15	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. RANGEL VICTORY FUND			Date of Disbursement	
			M M / D D /	Y Y Y Y Y
Mailing Address 818 Connecticut Ave NW Ste 1100			06 23	2009
City Washington	State Zip Code DC 20006-2702		Transaction ID : D514	4
Purpose of Disbursement	20000-2702			
Contribution			Amount of Each Disbur	sement this Period
Candidate Name		Category/		5000.00
000		Type		3000.00
Office Sought: House Disburse Senate	ment For: Primary General			
President	Primary General Other (specify) ▼			
State: District:	- · · · · · (-F)/ •			
Full Name (Last, First, Middle Initial)				
C. RICHARD BURR COMMITTEE			Date of Disbursement	
NA 10: A 11			M M / D D /	Y
Mailing Address PO Box 5928			01 27	2009
City	State Zip Code		T	
Winston Salem	NC 27113-5928		Transaction ID : D423	5
Purpose of Disbursement Contribution				
Candidate Name			Amount of Each Disbur	sement this Period
RICHARD M. BURR		Category/ Type		2000.00
	ment For: 2010	Type	7	7
∑ Senate ∑	Primary General			
President	Other (specify) ▼			
State: NC District:				
				8000.00
SUBTOTAL of Disbursements This Page (optional)		······		0000.00
TOTAL This Period (last page this line number only)			
I S I S I CHOU (last page this line number only	<i>j</i> · · · · · · · · · · · · · · · · · · ·			(B)

SCHEDULE B	(FEC Form 3X)			T -	OD 1	INIE NI	LIMPER			F	PAGE	83 (OF 88
	EMIZED DISPLIPSEMENTS Use separ		eparate schedule(s) (check of				R LINE NUMBER: PAGE 83 OF 86 eck only one)						
	OI LOCIVICIA I O		category of the Summary Page	`		21b [22	X	23	24		25	2
		Dotalled				27	28a		28b	28	С	29	3
	from such Reports and Staten												
	ses, other than using the nam	ne and add	lress of any politi	cal cor	nmitt	tee to s	solicit co	ntribu	tions	from s	uch co	ommitt	ee.
NAME OF COMMITT	,		0										
/ Physician Hos	pitals of America Pol	itical Ad	ction Comm	ittee									
Full Name (Last, Firs	st, Middle Initial)												
	RR COMMITTEE						Date o	f Disk	ourser	nent			
							M = M	/	D	D /	Y Y	Y	Y
Mailing Address PO	Box 5928						03		25	;	20	009	
City	9	State	Zip Code										
Winston Salem	`	NC	27113-5928				Trans	sactio	n ID :	: D467			
Purpose of Disburser	ment				-	_							
Contribution				L.			Amoun	t of E	Each [Disburs	ement	t this I	Period
Candidate Name	חחוח				egor	y/	Г.					2000	0.00
RICHARD M. Office Sought:	_	nent For:	2010	l'	ype					7			
Office Sought.	Senate Disburser	Primary	General										
	President	Other (spe											
State: NC Di	strict:												
Full Name (Last, Firs	st, Middle Initial)												
B. RICHARD BU	RR COMMITTEE						Date o	f Disk	ourser	nent			
Mailing Address DO	D						M = M	/	0.5			, , , , , , , , , , , , , , , , , , ,	Y
Mailing Address PO	Box 5928						03		25	,		2009	
City	(State	Zip Code				Trans	costic		: D517			
Winston Salem		NC	27113-5928				IIan	Saciic	טו ווכ	. มู่จาก			
Purpose of Disburser Contribution	ment						Amoun	t of E	Eoob I	Diobure	omon	t thin [Dariad
Candidate Name					_	_	Amoun	IL OI E	lacii i	JISDUIS	emem	t tills i	renou
RICHARD M.	BURR				egor	y/	L.					500	0.00
Office Sought:	House Disbursen	nent For:	2010		,,								
>	Senate	Primary	Meneral (
01-1- 110 5	President	Other (spe	ecify) 🔻										
	strict:												
Full Name (Last, First	T LEADERSHIP FU	ND					Date o	f Disk	ourser	ment			
o. SLANCIILIGI	II LLADLINGIIIF I U	טווו					M M	_	D	_	Y Y	Y	Υ
Mailing Address 422	C St NE						06		23			009	
	er level												
City Washington		State DC	Zip Code 20002-5818				Trans	sactio	on ID	: D513			
Purpose of Disburse			20002-3010	_									
Contribution							Amoun	t of E	Each I	Disburs	semen!	t this !	Period
Candidate Name				Cat	egor	y/		-	_		_	2500	. 00
000	1				ype							2500	,.00
Office Sought:	House Disbursen		Ganaral										
-	President	Primary Other (spe	General										
State: Di	strict:	Other (ope	,ony) $lacksquare$										
									_	_	_	_	-
SUBTOTAL of Disburs	ements This Page (optional)					•						5000	.00
							_		_			-	-
TOTAL This Period (la	st page this line number only)					•				1 4			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 84 OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State	ments may not be sold or us		
or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
Physician Hospitals of America Po	litical Action Commi	ttee	
Full Name (Last, First, Middle Initial)			Data of Bisham
A. SENATE MAJORITY FUND			Date of Disbursement
Mailing Address PO Box 32025			01 02 2009
City	State Zip Code		Transaction ID : D416
Phoenix	AZ 85064-2025		Transaction iD : D416
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Office Sought: House Disburse	ment For:	Туре	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Diahumanana
B. SENSENBRENNER COMMITTEE	:		Date of Disbursement
Mailing Address PO Box 575			03 14 2009
City Brookfield	State Zip Code WI 53008-0575		Transaction ID : D441
Purpose of Disbursement			
Contribution			Amount of Each Disbursement this Period
Candidate Name F. JAMES SENSENBRENNER		Category/ Type	500.00
	ment For: 2010	туре	
	Primary General		
President	Other (specify) ▼		
State: WI District: 05			
Full Name (Last, First, Middle Initial)			Data of Diaburgament
c. SOUDER FOR CONGRESS INC.			Date of Disbursement
Mailing Address PO Box 40233			06 23 2009
City	State Zip Code		Transaction ID : D510
Fort Wayne	State Zip Code IN 46804-0233		Transaction ID : D510
Fort Wayne Purpose of Disbursement Contribution Candidate Name		Category/	Amount of Each Disbursement this Period
Fort Wayne Purpose of Disbursement Contribution Candidate Name MARK E. SOUDER	IN 46804-0233	Category/ Type	
Fort Wayne Purpose of Disbursement Contribution Candidate Name MARK E. SOUDER Office Sought: House Senate President President			Amount of Each Disbursement this Period
Fort Wayne Purpose of Disbursement Contribution Candidate Name MARK E. SOUDER Office Sought: House Senate Disburse	ment For: 2010 Primary General		Amount of Each Disbursement this Period
Fort Wayne Purpose of Disbursement Contribution Candidate Name MARK E. SOUDER Office Sought: House Senate President President	ment For: 2010 Primary General Other (specify)	Type	Amount of Each Disbursement this Period

SC	CHEDULE B (FEC Form 3X)	l		FOR LINE	E NUMBER	:	PAGE	85 (OF 88
ITEMIZED DISBURSEMENTS			parate schedule(s) category of the	(check on	ıly one)		7.25		
			Summary Page	21b	22 28a	23 28b	24 28c	25 29	26 30b
Δη	y information copied from such Reports and Staten	l nente mov	not be sold or us						
	for commercial purposes, other than using the nam								
	NAME OF COMMITTEE (In Full)								
	Physician Hospitals of America Pol	itical A	ction Commit	ttee					
_	Full Name (Last, First, Middle Initial)				D.t.	(D'alamana			
Α.	STABENOW FOR US SENATE					f Disbursem			
	Mailing Address PO Box 4945				04	15		2009	Y
	City	State	Zip Code		Trans	saction ID :	D470		
	East Lansing	MI	48826-4945		_ ITAIIS	saction iD .	D419		
	Purpose of Disbursement Contribution				Amoun	t of Each D	isbursemer	nt this I	Period
	Candidate Name			Category/				1000	0.00
	DEBBIE STABENOW Office Sought: House Disbursen	nent For:	2012	Туре	-	-	7		
	X Senate	Primary Other (spe	General						
	State: MI District:								
_	Full Name (Last, First, Middle Initial)								
B.	TEXANS FOR HENRY CUELLAR CO	ONGRE	SSIONAL CA	MPAIGN	Date o	f Disbursem		Y	Υ
	Mailing Address 1519 Washington St Ste 200				01	26	نــا اـــــــــــــــــــــــــــــــــ	2009	
	Laredo	State TX	Zip Code 78040-4412		Trans	saction ID :	D422		
	Purpose of Disbursement Contribution				Amoun	t of Each D	isbursemer	nt this I	Period
	Candidate Name HENRY R. CUELLAR			Category/ Type		,	-	1000	0.00
	Office Sought: House Disbursen								
		Primary	General						
	State: TX District: 28	Other (spe	echy) 🔻						
_	Full Name (Last, First, Middle Initial)				Deta	f Disbursem	ont		
C.	TEXAS FREEDOM FUND				Date o				V
	Mailing Address 104 East Hume Avenue					23		2009	Y
	•	State	Zip Code	Trans	Transaction ID : D419				
		VA	22301		_ II all	σαστίστι ID .	D413		
	Purpose of Disbursement Contribution								
	Candidate Name			Category/ Type	Amoun	t of Each D	isbursemer	2500	-
	Office Sought: House Disbursen	nent For:		715-		-	7		
	Senate	Primary	General						
		Other (spe	ecify) ▼						
	State: District:								
s	UBTOTAL of Disbursements This Page (optional)			······				4500	.00
Т	OTAL This Period (last page this line number only)			······					

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE	86 OF 88		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	7.05		
	Detailed Summary Page	21b	22 X 23 24 28c 28c	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Any information copied from such Reports and Sta	tements may not be sold or us					
or for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full)						
Physician Hospitals of America F	Political Action Commi	ttee				
Full Name (Last, First, Middle Initial)			Data of Dishumanant			
A. TEXAS FREEDOM FUND	Date of Disbursement					
Mailing Address 104 East Hume Avenue			06 23	2009		
City	State Zip Code		Transaction ID : D511			
Alexandria	VA 22301		Transaction iD . D3T1			
Purpose of Disbursement Contribution			Amount of Each Disburseme	ent this Period		
Candidate Name		Category/		2500.00		
Office Sought: House Disbur	sement For:	Type				
Senate	Primary General					
President	Other (specify) ▼					
State: District:	_					
Full Name (Last, First, Middle Initial)			D : (D):			
B. THE REYES COMMITTEE, INC.			Date of Disbursement			
Mailing Address 1011 Montana Ave			03 11	2009		
City El Paso	State Zip Code TX 79902-5411		Transaction ID : D439			
Purpose of Disbursement Contribution		· · ·	Amount of Each Disburseme	ent this Period		
Candidate Name		Category/		1000.00		
SILVESTRE REYES		Type		1000.00		
	sement For: 2010					
Senate President	Primary General Other (specify) ▼					
State: TX District: 16	Other (speedily)					
Full Name (Last, First, Middle Initial)						
C. TIM MURPHY FOR CONGRESS	3		Date of Disbursement			
	M M / D D / Y Y Y Y					
Mailing Address PO Box 24551	03 14	2009				
City	State Zip Code					
Pittsburgh	PA 15234-4551		Transaction ID : D449			
Purpose of Disbursement Contribution						
Candidate Name			Amount of Each Disburseme	ent this Period		
TIM MURPHY		Category/ Type		1000.00		
	sement For: 2010	Type				
Senate	Primary General					
President	Other (specify)					
State: PA District: 18						
				4500.00		
SUBTOTAL of Disbursements This Page (optional	l)	······•		4500.00		
TOTAL This Period (last page this line number or	nlv)					
I TOTAL THIS I CHOOL (last page this line number of	"y/					

C (CHEDIII E B /EEC Earm 2V)														
D	CHEDULE B (FEC Form 3X)			FOF	R LII	NE N	UMBER	:			PAGE	87	OF	88	_
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(che	eck (only o	one)				_				
			Summary Page		2	1b	22	×	23		24	25		7 26	
		201000	cummary rago		2	7	28a		28b		28c	29		30	Э
Aı	ny information copied from such Reports and Staten	nents mav	not be sold or use	ed bv a	nv p	ersor	for the	purp	ose o	of soli	citina	contrib	ution	ıs	
	for commercial purposes, other than using the nam														
$\overline{\ }$	NAME OF COMMITTEE (In Full)														_
	Physician Hospitals of America Pol	litical Ad	ction Commit	ttoo											
/	Filysician Hospitais of America For	iilibai At		uee											
_	Full Name (Last, First, Middle Initial)														-
Α.	TRUST PAC TEAM REPUBLICANS FOR L	JTILIZING	SENSIBLE TA	CTICS	3		Date o	of Dis	burse	ment					
									D		V	Y	V		
	Mailing Address 228 S Washington St						04	' '	0		1''	2009	- 1		
	Ste 115						Ů.					2000			
		State	Zip Code			-									_
	Alexandria	VA	22314-5404				Trans	sacti	on ID	: D47	6				
	Purpose of Disbursement					_									
	Contribution			г.		Ш	Amoun	nt of I	Fach	Disbu	ırseme	nt this	Peri	iod	
	Candidate Name					41									
				Categ Typ								300	00.00)	
	Office Sought: House Disburser	nent For:		тур	Je	_			,	_	,			_	
		Primary	General												
	President														
	State: District:	Other (spe	city) 🔻												
															_
_	Full Name (Last, First, Middle Initial)	OTION .		_			D - 4	(D:-							
В.	TUESDAY GROUP POLITICAL AC	JIION (COMMITTEE	=			Date o	of Dis	burse	ment					
						_	M = M	/		D /	Υ	Y Y	I Y		
	Mailing Address PO Box 40385						01		0	5		2009			
	Oth.	21-1-	7: OI-												_
	•	State	Zip Code				Tran	sacti	on ID	: D41	17				_
	Washington	State DC	Zip Code 20016-0385				Trans	sacti	on ID	: D41	17				_
	•		•	_	_	†						ent this	. Peri	iod	
	Washington Purpose of Disbursement Contribution		•		_]	Trans					ent this	Per	iod	
	Washington Purpose of Disbursement		•	Categ]						_	Peri		
	Washington Purpose of Disbursement Contribution Candidate Name	DC	•	Categ Typ]						_	-		
	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Disbursem	DC ment For:	20016-0385]						_	-		
	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Disbursen Senate	ment For:	20016-0385]						_	-		
	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Disbursen Senate President	DC ment For:	20016-0385]						_	-		
	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Disbursen Senate President State: District:	ment For:	20016-0385]						_	-		
_	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	ment For:	20016-0385]	Amoun	nt of I	Each	Disbu		_	-		
	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Disbursen Senate President State: District:	ment For:	20016-0385]		nt of I	Each	Disbu		_	-		
	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US	ment For:	20016-0385]	Amoun	of Dis	Each	Disbu ment	irseme	50°	00.00		_
C.	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	ment For:	20016-0385				Amoun	of Dis	Each	Disbu ment	irseme	50	00.00		
C.	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address PO Box 490	nent For: Primary Other (spe	20016-0385 General cify)				Amoun	of Dis	Each	Disbu ment	irseme	50°	00.00		
<u> </u>	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address PO Box 490 City	nent For: Primary Other (spe	20016-0385 General cify) ▼ Zip Code				Date o	of Dis	Each	ment	rseme	50°	00.00		
<u> </u>	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address PO Box 490 City St. Joseph	nent For: Primary Other (spe	20016-0385 General cify)				Date o	of Dis	burse	ment	rseme	50°	00.00		_
C .	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address PO Box 490 City	nent For: Primary Other (spe	20016-0385 General cify) ▼ Zip Code				Date o	of Dis	Each burse 20 on ID	ment	rseme	50° 2009	00.00		_
<u> </u>	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address PO Box 490 City St. Joseph Purpose of Disbursement Contribution	nent For: Primary Other (spe	20016-0385 General cify) ▼ Zip Code	Тур	ooe		Date o	of Dis	Each burse 20 on ID	ment	rseme	50° 2009	00.00		_
С.	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address PO Box 490 City St. Joseph Purpose of Disbursement Contribution Candidate Name	nent For: Primary Other (spe	20016-0385 General cify) ▼ Zip Code	Typ	gory/		Date o	of Dis	Each burse 20 on ID	ment	rseme	2009	00.00	iod	_
C.	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address PO Box 490 City St. Joseph Purpose of Disbursement Contribution Candidate Name FREDERICK STEPHEN UPTON	nent For: Primary Other (spe	20016-0385 General cify) ▼ Zip Code 49085	Тур	gory/		Date o	of Dis	Each burse 20 on ID	ment	rseme	2009) Y	iod	
С.	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address PO Box 490 City St. Joseph Purpose of Disbursement Contribution Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Disbursement	nent For: Primary Other (spe	Zip Code 49085	Typ	gory/		Date o	of Dis	Each burse 20 on ID	ment	rseme	2009) Y	iod	_
C.	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address PO Box 490 City St. Joseph Purpose of Disbursement Contribution Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate Senate	nent For: Primary Other (spe	General Cify) Zip Code 49085	Typ	gory/		Date o	of Dis	Each burse 20 on ID	ment	rseme	2009) Y	iod	
C.	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address PO Box 490 City St. Joseph Purpose of Disbursement Contribution Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President Senate President	nent For: Primary Other (spe	General Cify) Zip Code 49085	Typ	gory/		Date o	of Dis	Each burse 20 on ID	ment	rseme	2009) Y	iod	
c .	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address PO Box 490 City St. Joseph Purpose of Disbursement Contribution Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate Senate	nent For: Primary Other (spe	General Cify) Zip Code 49085	Typ	gory/		Date o	of Dis	Each burse 20 on ID	ment	rseme	2009) Y	iod	
	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address PO Box 490 City St. Joseph Purpose of Disbursement Contribution Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President State: MI District: 06	nent For: Primary Other (spe	Zip Code 49085 Zip Code 49085	Categ	gory/ oe		Date o	of Dis	Each burse 20 on ID	ment	rseme	2009 2009	s Peri	iod	
	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address PO Box 490 City St. Joseph Purpose of Disbursement Contribution Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President Senate President	nent For: Primary Other (spe	Zip Code 49085 Zip Code 49085	Categ	gory/ oe		Date o	of Dis	Each burse 20 on ID	ment	rseme	2009 2009) Y	iod	_
8	Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address PO Box 490 City St. Joseph Purpose of Disbursement Contribution Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President State: MI District: 06	nent For: Primary Other (spe	General cify) Zip Code 49085 2010 General cify) General cify	Categ	ggory/ oe		Date o	of Dis	Each burse 20 on ID	ment	rseme	2009 2009	s Peri	iod	_

SCHEDULE B (FEC Form 3X)	Llos congrete ashedule(s)	FOR LINE		OF 88
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 🔀 23 24 25	<u>26</u>
	Detailed Summary Page	27	28a 28b 28c 29	30b
Any information copied from such Reports and Sta or for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full)	and and address of any point	cai committee to	SOURCE COMMISSIONS HOME SUCH COMMISSION	
Physician Hospitals of America P	olitical Action Commi	ittee		
Full Name (Last, First, Middle Initial)	_			
A. VICTORY IN NOVEMBER ELEC	TION PAC (VINEPA	C)	Date of Disbursement	Υ
Mailing Address 607 14th St NW Ste 800			06 01 2009	
City	State Zip Code		Transaction ID - DE04	
Washington	DC 20005-2005		Transaction ID : D501	
Purpose of Disbursement Contribution			Amount of Each Disbursement this	Period
Candidate Name		Category/ Type	5000	0.00
	sement For:	71: -	,	
Senate President	Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
B. WALDEN FOR CONGRESS			Date of Disbursement	
Mailing Address PO Box 1091			03 14 2009	Y
City Hood River	State Zip Code OR 97031-0037		Transaction ID : D462	
Purpose of Disbursement Contribution			Amount of Each Disbursement this	Period
Candidate Name GREGORY PAUL WALDEN		Category/ Type	1000	0.00
	sement For: 2010	.) 0		
	Primary General			
State: OR District: 02	Other (specify) ▼			
Full Name (Last, First, Middle Initial)			Date of Dishursement	
C. WASSERMAN-SCHULTZ FOR C	Date of Disbursement	V		
Mailing Address 1071 Twin Branch Ln			03 14 2009	
City Weston	State Zip Code FL 33326		Transaction ID : D442	
Purpose of Disbursement	1.2 33320			
Contribution Candidate Name		Amount of Each Disbursement this	Period	
DEBBIE WASSERMAN-SCHUL	ΓZ	Category/ Type	1000	0.00
	sement For: 2010	1,900		
Senate	Primary General			
President Pietriet: 00	Other (specify) ▼			
State: FL District: 20				
SUBTOTAL of Disbursements This Page (optional)	·····•	7000	0.00
TOTAL This Period (last page this line number or	ulv)		221400	0.00
TOTAL This Period (last page this line number or	"y <i>)</i>			